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POSITIVE SOCIAL SUPPORT NEWSDIGEST
A "BEING ALIVE" PROGRAM

VOLUME 5, NUMBER 4
SACRAMENTO, CALIFORNIA

September/October 1992

For people who are HIV positive and for those who are supportive

Update From Amsterdam:

Highlights of the VIII International Conference on AIDS

by Neil Flynn, M.D.
Associate Professor of Clinical Medicine,
Medical Director, AIDS & Related Disorders Clinic,
UC Davis Medical Center
and Medical Director, CARES

HIV And How It Produces Disease

➤ Several investigators, including Dr. Jay Levy from UCSF re-emphasized the importance of CD8 lymphocytes in controlling HIV infection. Individual genetic factors probably play a role in how well the CD8 cells control HIV infection, helping to explain why some people become ill from HIV-related disease in as short as two years after infection and others are still healthy, with excellent CD4 counts as long as 12-15 years after infection. Work continues on how to boost the CD8 cell response against CD4 HIV-infected cells.

➤ There are at least 5 distinct strains of HIV-1, and virulence (the ability of a strain to produce disease rapidly) probably varies among strains.

➤ Mutations or changes in the genetic material of the virus are frequent and seem to be very important in the production of disease.

They occur in the virus within an individual PWHIV. Some changes in the virus appear to lead to rapid CD4 cell loss and development of AIDS. The major mutation accounting for this change in the virulence of the virus in an individual appears to be a change in the so-called V-3 loop of the viral surface antigen gp-120. It occurs in about 50% of PWHIV studied so far. The change is a minor one with respect to the structure of the surface of the virus, but a major one with respect to the ability of the body to detect and destroy the virus and virus-infected cells. The V-3 loop mutation presents a new face to the immune system which it does not recognize. It reminds me of the "cloaking device" of the Klingons in Star Trek. The virus seems to become invisible to the immune system that has previously been effective in fighting it. Could a vaccine containing the V-3 loop mutation be given early in HIV infection before the mutation occurs to help the body's immune system recognize and destroy the V-3 loop mutant when it appears?

➤ Other mutations occur which allow the virus to reproduce in spite of zidovudine or ddI. Mutants have now been isolated that are resistant to both drugs. The V-3 loop mutant appears to develop resistance very rapidly, perhaps because of its very rapid rate of reproduction which allows the drug-resistance mutation to occur quickly (when there are many viruses around to mutate the likelihood that one of them will is increased).

Spread Of The Virus

➤ More documentation of a frightfully high rate of spread among young gay men. This is very depressing. What is it going to take?

➤ Spread like wildfire among injection drug users in Thailand and India, followed by heterosexual spread.

➤ Spread in Africa related to the presence of other venereal diseases in the population that produce genital sores. The sores produce an easy route of entry into the body of the uninfected person. These venereal diseases go untreated in Africa — no money. They include syphilis, chancroid, herpes, and others.

➤ There is still no effective way of slowing down HIV spread in Africa. There is no money available to the governments of black Africa to do it, and white western civilization has not been forthcoming. And we (20th Century western civilization) think we have become more civilized and humanitarian

*See **HIGHLIGHTS** page 14*

VOTE
on Election Day
November 3
For transportation, call the
River City Democratic Club
927-2029

Rural Healthcare Copes With Rise In AIDS Cases

Programs Seek to Educate Physicians That HIV Is No Longer Strictly Urban

by Sidney Stevens

Charlene Carpenter spends her days teaching doctors in Wyoming about AIDS — a job that is both vitally important and incredibly difficult in this mostly rural state where, until recently, AIDS was nearly nonexistent.

"Doctors are busy people," says Ms. Carpenter, who is project coordinator for the Wyoming Education Training Center, one of 17 U.S. Public Health Service E.T.C.'s devoted to teaching healthcare professionals about AIDS. "A lot of them don't think they will ever need to know about AIDS because the incidences of it haven't been high enough (in rural areas). We try to train them, but they don't listen until someone with AIDS walks through their door. Then there's panic."

Not "High Risk"

She illustrates her point with the case of one young woman she knew who recently died of AIDS-related complications. One of her biggest problems, says Ms. Carpenter, was the doctor who treated her. When she first came to him complaining of illness, he ran every test and tried every treatment imaginable. HIV never entered his mind. When he finally thought to test for it, the patient already had full-blown AIDS. "She wasn't in what he considered a high-risk group," says Ms. Carpenter. "I don't think most Wyoming doctors even think about HIV."

Similar scenarios are being played out in rural areas across the country.

"Rural areas are not cued up yet for this epidemic," says Patricia Milon, public health analyst for the National AIDS Education Training Center Program.

It is difficult to document the rise in AIDS and HIV cases that originate in non-urban areas. One reason is that people with AIDS often go home — many to rural areas — after they learn they have the disease. However, they are reported only once to public health officials, wherever the initial diagnosis is made. So, someone who moves home to West Virginia after being diagnosed with HIV in Baltimore is still counted as a Baltimore statistic.

The Centers for Disease Control, which charts the spread of AIDS and

*See **RURAL** page 15*

Special Message For People With HIV Infection

by Elizabeth C. Abbott
District Manager, Social Security Administration

October is AIDS Awareness Month. Social Security reminds people that it has benefit programs that can provide a "lifeline" of support to people with HIV infection. That lifeline is in the form of monthly Social Security disability benefits and Supplemental Security Income payments, Medicare and Medicaid coverage, and a variety of other services available to people who receive disability benefits from Social Security.

If you are disabled as a result of HIV infection and unable to work, contact your nearest Social Security office for a confidential interview with a Social Security representative. Or, call Social Security's toll-free number 1/800-772-1213, any business day between 7 a.m. and 7 p.m., to arrange an appointment. To learn more about the benefits available from Social Security, ask for a free copy of the booklet, *A Guide To Social Security And SSI Disability Benefits For People With HIV Infection*.

PSSN is published by the Being Alive Program of the LAMBDA Community Fund, P.O. Box 163654, Sacramento, California 95816; 916-442-0185. Partial funding is provided by generous grants from the Sacramento County Health Department, AIDS Unit Education and Prevention, and from private donations. *The Positive Social Support Newsdigest* is sponsored by and for people who are HIV-positive and those who socially support them.

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- Submitted materials may be edited for length and clarity.
- *PSSN* reserves the right to refuse sexually explicit ads. Ads will run for three consecutive issues, unless cancellation is requested prior to publication of third issue. All ads must be resubmitted after each three-issue run.
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- All efforts toward production of this newsletter are by people who are HIV-positive, diagnosed with ARC or AIDS, and their friends.
- Information for *PSSN* is gathered from national and regional newspapers, periodicals, and publications.
- Volunteers and donations to help *PSSN* serve its stated purpose are always welcome.

Circulation 4,000

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Co-Editors Column

by Sheila Enders

PSSN is excited about the addition of an informative "AIDS and Politics" column by LIFE Lobby Legislative Advocate, Robert Rios, and regular features from the Social Security Administration with information on such topics as Supplemental Security Income (SSI), Disability Benefits, and Medicare and Medi-Cal.

According to the *PSSN* Reader Survey, "AIDS and Politics" has been one of the publication's most popular columns. The column was suspended following the death of Stan Hadden in December 1991. As most of you are aware, the state's budget crisis has trickled down to the county level and funding for continued publication of *PSSN* is limited. Additionally, services for people with HIV/AIDS are being drastically cut. We feel that knowledge of politics with respect to local AIDS issues is important to all of us. It is anticipated that Mr. Rios will keep us well informed on the issues which will enable us to make crucial choices on November 3rd.

We are fortunate to provide readers with Mr. Rios' front line experience and insights into the political process. A native of Los Angeles, he graduated from UC San Diego with the Dean's Award for Academic and Civic Achievements. Selected originally as a California State Assembly Fellow, he most recently worked as Legislative Aide to San Francisco Supervisor, Roberta Achtenberg. He joined the LIFE AIDS Lobby staff in April.

The Social Security articles will be contributed by Elizabeth C. Abbott, District Manager of the Social Security Administration. The Administration works closely with the Sacramento AIDS Foundation.

We hope you enjoy these new features. *PSSN* also is seeking writers to contribute articles about health, mental health and legal issues. If you or someone you know would like to contribute, contact the editors at the Lambda Center, 916/442-0185.

Look for the next issue of *PSSN* in early November.

National Coming Out Day ... October 11, 1992

AIDS And Politics

by Robert Rios
Legislative Advocate
Lobby For Individual Freedom And Equality
(LIFE AIDS LOBBY)

The State Budget

One of the most overwhelming issues affecting AIDS services statewide is the lack of a state budget. The new fiscal year started July 1st, and California has been operating without a budget since then, issuing IOU's to cover its debts and obligations. Recent federal court decisions, however, prohibit California from using IOU's to pay for Medi-Cal services. This means that Medi-Cal providers will either have to forego reimbursement or stop providing services.

The lack of a state budget has severe ramifications on local agencies. It is unknown how much money will be available for prevention education grants, for example, blocking counties and community-based organizations from effectively planning for the future.

The original budget proposed by Governor Wilson in January included flat funding for direct AIDS programs, despite a 25% annual increase in caseload and rising inflation. His budget also included an across-the-board cut in all health care programs up to 30%, and AIDS was not exempt from those cuts. A successful lobbying effort by the State AIDS Budget Coalition and activists from throughout California educated legislators of the potential loss of federal Ryan White CARE Act money if state AIDS funding was cut, and the legislature's version of the budget kept AIDS funding intact.

Because the delay in getting the budget has exacerbated the state's fiscal problems, it is unclear whether additional healthcare cuts will be required to balance the state budget. However, AIDS funding is unlikely to be substantially cut this year. Yet, despite the overwhelming need for increased funding for early intervention, the AIDS Drug Program, prevention education programs, and home healthcare, prospects for increased funding in future years appears low.

Election Year Politics

This November, Californians will radically change the face of their elected officials. Both U.S. Senate seats are up, 54 congressional seats, 20 State Senate seats, and all 80 State Assembly seats will be filled. Because of reapportionment (redrawing of legislative lines), it seems likely that up to one-third of the Assembly will be new.

The Republican party has been caught between its moderate and conservative wings, fighting over abortion, homosexuality, social welfare spending, and civil rights. Many fundamentalist Republican candidates won their primaries for the State Assembly, and bruising campaigns between now and November 3rd are expected. In another matchup between the two segments of the Republican party, Congressman William Dannemeyer lost his effort to win the Senate nomination to incumbent John Seymour. Dannemeyer is best known for asserting that AIDS is transmitted by floating airborne spores emitted by people with AIDS.

Mark Your Calendar!

Sept. 11: Advisory Committee on AIDS (ACOA) Quarterly Meeting, 11:30 a.m.-1 p.m., open to the public. County Administration Bldg., 700 H St., 7th floor conference room, Sacramento. Call County Health Council, 916/447-7063.

Sept. 14: "Nutrition and Your Health," co-sponsored by Sacramento AIDS Foundation (SAF) and C.A.R.E.S., SAF Training Room, 920 20th St., Sacramento, 916/448-2437.

Sept. 23: Bi-Monthly Outreach Worker Meeting for HIV, AIDS outreach workers and county-funded contractors, 2:30-4 p.m., Women's Civic Improvement Club (WCIC), 3501 Broadway. Call 916/366-2922.

Sept. 24-25: "HIV and the Second Decade: The Challenge for People of Color," San Diego. Western Region AIDS Education Project, 1/800-533-7667 or 619/264-1200.

Oct. 3: "A Matter of Time," Pediatric AIDS Conference, John Muir Medical Center, Walnut Creek, 8 a.m.-5 p.m.. Sponsored by the Parents Pediatric AIDS Coalition, 510/933-7722.

Oct. 6-9: "Integrating HIV/AIDS: A Shared Responsibility" (5th National AIDS Update Conference), Civic Auditorium, San Francisco, Krebs Convention Management Services: 415/255-1297.

Nov. 9: "Substance Abuse and HIV," attitudes around substance use, 7-8 p.m., Sacramento AIDS Foundation, 920 20th St. Call 916/448-2437.

★★ATTENTION★★

The current budget crisis affects all of us in one way or another. If your agency is undergoing changes secondary to budget cuts in funding, please let us know as soon as possible. The changes will be reflected in the RESOURCE GUIDE with our next issue.

San Francisco Response To International Meeting ...

by Arturo Jackson III
HIV/AIDS Editor
the LATEST ISSUE

The VIII International Conference on AIDS Update from Amsterdam was held before a crowd of more than 1,000 people at the San Francisco Marriott Hotel. The distinguished speakers included Marcus Conant, M.D., U.C. San Francisco; Donald Francis, M.D., formerly with the Centers for Disease Control; Constance Wofsy, UCSF and Paul Volberding, M.D., SFGH. Those in attendance were given an opportunity to ask the panel questions after the presentations. The event was held for the benefit of people with HIV, their families, friends and care partners, and sponsored by the Conant Foundation through an educational grant from the Burroughs Wellcome Company.

"This was the year that women really became involved in the AIDS epidemic," stated Marcus Conant, M.D., moderator at the event. The physician reflected on the opening ceremonies which involved 40 women representing countries in attendance at the conference.

"One of the things that is glaringly evident, is that, at this point, there is much more research now, in 1992, than there was 10 years ago," stated Constance Wofsy, M.D. She spoke on issues affecting women.

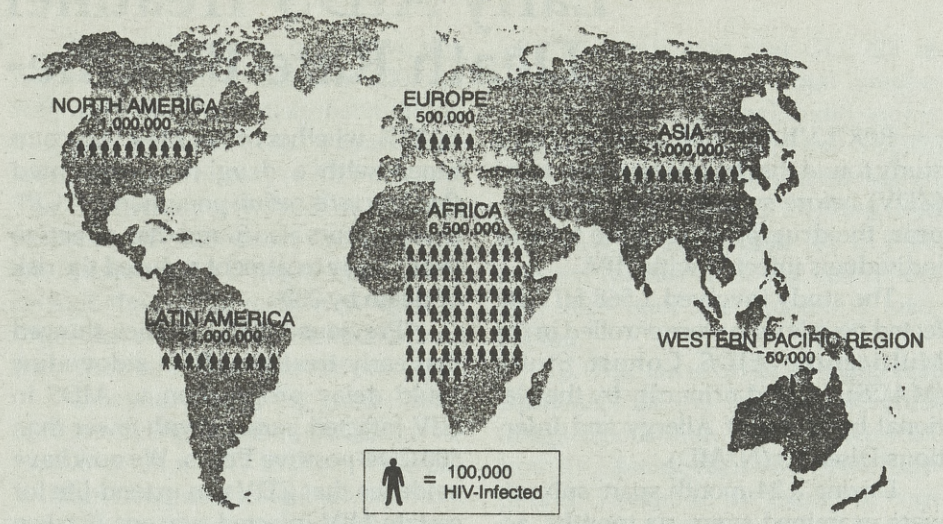
The physician said that five of the comparison trials involved an average of 100 to 300 women, and compared the data to a similar number of men. "The bottom line from these studies, interestingly, was that by and large, the progression in women appeared to be very similar to men in many instances," stated Wofsy.

Esophageal candidiasis is repeatedly an initial symptom of infection in women with HIV, and it is seen in all parts of the United States. Cervical dysplasia was also reported as a major HIV-related manifestation among women. "The more severe immunosuppression of the woman, the more

See JACKSON on page 13

The Face of AIDS

The Global Epidemic: 1992
Estimated Numbers of People with HIV Infection



Source: World Health Organization Global Program on AIDS

— AIDS Clinical Care

Commission Charges Administration With Inaction

The U.S. National Commission on AIDS charged President Bush and the U.S. Department of Health and Human Services (HHS) with a lack of effort in response to the national AIDS epidemic.

In a prepared statement, the commission met with the HHS secretary, Dr. Louis M. Sullivan, to ask why the agency and the administration have failed to act on the commission's report, "America Living With AIDS," which was released in September 1991.

As a result of the meeting, the statement said, the commission "reluctantly concluded that the administration is not prepared to undertake any significant new actions against the HIV/AIDS epidemic and that current efforts fall tragically short of what is needed."

In remarks released by the commission, chairman June E. Osborn, a physician, is quoted as saying that she was reluctant to attack the administration as a whole "when there are so many health professionals and researchers who have been working flat out.

"Nevertheless," she added, "the sad fact is this is an epidemic of historic proportions which has not been met by appropriately historic measures."

Dr. David E. Rogers, who was named vice chairman of the AIDS commission by the Bush administration, also criticized the government's efforts.

"We need very forceful leadership and we need clear articulation that we have a crisis," he said in the statement. "We're not getting either."

Rogers said there is a need for a national plan, better treatment programs, more research and "prevention efforts untainted by politics."

He added: "Little of that is coming and sadly the problem starts at the top."

Among the suggestions presented to Sullivan in the meeting were:

➤ A call for full financing for the Ryan White Comprehensive AIDS Resource Emergency Act. The commission said the HHS has not recommended "even minimally adequate ... levels" to Congress for this AIDS measure. The commission said the agency is considering chopping Ryan White programs from $301.2 million to $123.2 million for fiscal 1994.

➤ More money for AIDS research, prevention and care.

➤ Provide treatment on demand for intravenous drug users. IV drug users who share needles are a major group contracting AIDS.

➤ Allow new research on sexual behavior. The Bush administration has cancelled plans by the Public Health Service to conduct research on sexual behavior patterns. Most AIDS infection is transmitted through sexual activities.

➤ Eliminate HIV infection as a bar to travel and immigration.

The commission also urged Bush to speak out more forcefully on AIDS and advocate compassion for those affected. The commission said that, during his presidency, Bush has given only one speech on AIDS and that was more than two years ago.

"In summary," the statement said, "the commission found that the administration is not prepared to undertake significant new actions against the HIV/AIDS epidemic and that current efforts are tragically insufficient."

The commission is an independent panel created by federal statute to advise on the AIDS epidemic. Ten members are appointed by Congress and two by the White House. Three members of the Cabinet are non-voting members.

— AIDS Weekly

Other Thoughts From Amsterdam ...

by Sonya Cox
HIV/AIDS Editor
MGW

International statistics from the AIDS Conference in Amsterdam show that someone in the world becomes infected with the HIV virus every 15 to 20 seconds, and half of these are women. Researchers estimate that between 11 and 13 million people are now infected with HIV worldwide, and that one million of them contracted it within the past six months. Hardest hit is Africa, with over 6 million cases transmitted primarily through heterosexual contact.

It's estimated that about 1,500,000 people in the U.S. are HIV-positive (although most have not been tested, are not getting life-lengthening treatment, and are spreading the disease). Nearly 80,000 Americans are living with AIDS, according to the current definition of the disease. A truer estimate, which would include those still healthy but with fewer than 200 T-cells, would add over 200,000 to this number.

The Public Health Service estimates that, within the next 18 months (using the current definition), the total of cumulative AIDS cases (now at 220,000) could reach 480,000. The estimate of U.S. deaths from AIDS by the end of 1993 (now at nearly 145,000) could be 340,000. (The numbers are more than doubling every 18 months.)

Over 146,000 Californians are thought to be HIV positive, with 31,000 deaths reported here since the beginning of the epidemic a decade ago, and 13,500 living with AIDS.

In Sacramento, 625 have died. Four to five thousand are estimated to be HIV positive, with 304 having AIDS, and more than 1,000 receiving treatment for HIV disease.

One study presented at the VIII International AIDS Conference in Amsterdam challenged the belief that women with AIDS get sick faster than men; their study shows no difference in progression of illness between the sexes.

Early intervention is continuing, partly because benefit is shown with anti-viral treatment beginning at T-cells, and partly because there appears to be a definite correlation between viral load and severity of disease.

Combining medications such as AZT with ddI or ddC, rather than alternating them, give better results in treatment of HIV disease. Last year it was believed that alternating AZT with ddI or ddC might be the best treatment regimen. This year, conference researchers say there is strong evidence that suggests taking these medications at the same time works better. ddC

See OTHER on page 13

Treatment News

AZT Appears Safe in Pregnant Women

The fact that zidovudine (AZT) is a nucleoside analog and crosses the placenta has raised the concern that it could be a teratogen, (causing malformations and abnormalities). On the other hand, its use during pregnancy might benefit maternal health and reduce the risk of vertical transmission (from mother to child). This study reports the outcome of AZT use in 43 pregnant women from 17 medical centers, providing the most extensive information on this subject to date.

No abnormalities were noted in any of the 12 infants with first trimester exposure to AZT. Several minor anomalies, such as albinism and clitoral enlargement, were noted in other infants, but were more likely due to family history or other factors unrelated to drug exposure than to AZT. Intrauterine growth retardation occurred in two infants. One infant's mother had a history of cocaine use; the mother of the second had received a variety of medications for HIV-related symptoms. No serious hematologic (blood) toxicity was noted, although seven of the infants had mild anemia. Among the mothers, two experienced toxic reactions requiring dose reduction (one hematologic, the other gastrointestinal), but otherwise AZT was well tolerated.

Although the study was limited by its design and the small number of subjects, it provides some reassurance about the safety of AZT during pregnancy. An accompanying editorial notes that clinical uncertainties remain in treating women and children infected with HIV, and argues that for HIV-infected women the lack of access to health care, housing, drug-abuse treatment, and social supports are even more serious problems and need to be systematically addressed.

Sperling RS; et al. A survey of zidovudine use in pregnant women with human immunodeficiency virus infection. N Engl J Med 1992 Mar 26; 326:857-61.

Heagarty MC; Abrams EJ. Caring for HIV-infected women and children. N Engl J Med 1992 Mar 26; 326:887-8.

— AIDS Clinical Care

Early AIDS Treatment Cuts Death Rate By One-Third

ROCKVILLE, Md. — Recently, a study found that by taking zidovudine (ZDV) before symptoms of AIDS appear, the drug prolonged the lives of individuals infected with HIV.

The study involved 2,568 HIV-infected people who were enrolled in the Multicenter AIDS Cohort Study (MACS), funded primarily by the National Institutes of Allergy and Infectious Diseases (NIAID).

During a 24-month span, subjects were examined every six months, according to a report in *The New England Journal of Medicine.*

Those who were treated early reduced their risk of death at six months by 57%, whether or not ZDV was combined with a drug that prevented *Pneumocystis carinii* pneumonia (PCP). Investigators also found that, after two years, early treatment reduced the risk of death by 33%.

"Previous NIAID studies showed that early treatment with zidovudine could delay progression to AIDS in HIV-infected persons with fewer than 500 CD4-positive T cells. We now have evidence that ZDV can extend life for certain HIV-infected persons if taken before the symptoms of AIDS develop," said Anthony S. Fauci, M.D., director of NIAID.

MACS participants who received drugs to prevent PCP in addition to ZDV reduced their risk of death at 18 months by 38% and at 24 months by 40% when compared to those who used ZDV alone, according to coauthor Sten Vermund, M.D., PhD, chief, AIDS epidemiology branch of NIAID, which oversees MACS.

For more information, see Graham NMH, Zeger SL, Park LP, et al: The effects on survival of early treatment of human immunodeficiency virus infection. N Engl J Med 1992;326:1037-1042.

— Infectious Disease News

New Clinical Trial For Prevention Of Yeast Infections In HIV-Infected Women Begins

A new clinical trial for women infected with HIV is under way to determine whether the drug fluconazole can prevent yeast infections of the mouth, throat and vagina.

The trial is being conducted at sites of the Terry Beirn Community Programs for Clinical Research on AIDS (CPCRA). The CPCRA is one of three national AIDS clinical trials networks supported by the U.S. National Institute of Allergy and Infectious Disease (NIAID).

Research suggests that yeast infections are the earliest and most common opportunistic infections afflicting women with HIV. At least 5 to 35 percent of HIV-infected women develop persistent infections caused by *Candida,* a common yeast that normally lives in the body without causing problems.

In advanced HIV disease, yeast infections in the mouth and throat can make eating difficult, leading to weight loss. If the infection spreads to the bloodstream and other parts of the body, serious illness and even death can result.

The new study will enroll 400 women who are infected with HIV and have fewer than 300 $CD4^+$ cells/mm^3 of blood. $CD4^+$ cells are the essential white blood cells of the immune system infected by HIV. Healthy people usually have 800 to 1500 $CD4^+$ cells/mm^3.

Investigators will randomly assign the women to take two capsules of fluconazole or a placebo once a week. Study physicians plan to follow the women for at least two years with regular examinations and laboratory tests to determine the effectiveness and safety of fluconazole in preventing candidiasis.

For enrollment information, site location and eligibility requirements for this study, known as the CPCRA Women's Fungal Protocol, call 1-800-TRIALS-A, Monday through Friday, 9 a.m. to 7 p.m., EDT.

— AIDS Weekly

HIV-INFECTED PATIENTS ...
Learn About Your Nutritional Status

WHO: HIV-infected males or females with weight loss and diarrhea for more than one month

HOW:
- Join our study to evaluate whether a formula diet product can increase calorie and nutrient absorption during a 6 week trial

BENEFITS:
- Analysis of your:
  - nutrient absorption status
  - body composition and energy needs
  - nutritional status
- $50 compliance stipend/week
- $100 stipend at completion of study period
- Confidentiality maintained

INVOLVEMENT:
- Six weekly visits at UCDMC clinic for physical exam, diet consultation distribution of formula
- Consume a specially prepared diet as directed by a dietitian
- Blood samples for analysis of nutritional and immune status
- Stool collection for evaluation of fat and protein absoprtion
- Intestinal biopsy for measurement of digestion and histology

For More Information Call:
Carla Heise, M.S., R.D.
752-6778
Division of Clinical Nutrition & Metabolism
Department of Internal Medicine
University of California, Davis

Affirmations

I Listen With Love To My Body's Messages

Treatment News

Volunteers Needed For Compound Q Trials

by Arturo Jackson III
HIV/AIDS Editor
the LATEST ISSUE

Volunteers are urgently needed in a Phase II study monitoring the effectiveness and safety of GLQ223 (Compound Q) alone, and in combination with AZT.

The three-armed trial, sponsored by Genelabs Inc., and performed by ViRx Inc., as well as other clinical trial centers, is designed to determine the anti-HIV activity of GLQ223 alone, compared to GLQ223 with AZT, and to AZT alone.

Researchers will compare the data from the three study groups to determine the relative likelihood of participants experiencing HIV-related complications or death while on either the drug combination or AZT monotherapy, and to monitor the increase or decrease in total T-helper (CD4) cells and the amount of HIV remaining in the blood stream.

Study participants must have a T-helper cell count of between 200 and 500, have not previously been taking GLQ223, and have at least a nine consecutive month history of AZT therapy. The researchers involved in the trial emphasized that study participants who experience a T-helper cell drop of greater than 25 percent may discontinue the study protocol and initiate their desired HIV treatment strategy.

"This study has a very good chance of determining whether GLQ223 is effective or not in HIV disease," said Dr. William Lang, medical director of ViRx Inc. The researcher reported that earlier use of Compound Q was under less well-controlled circumstances, and that the reported horror stories have not been repeated because of the recruitment of relatively healthy study participants. Experimental data in the test tube has indicated that GLQ223 is extremely effective in killing HIV-infected cells. Data from the initial Phase I toxicity trial indicated that GLQ223 resulted in an increase in total lymphocyte and Beta-2 microglobulin counts. Researchers hypothesized that GLQ223 interferes with the ability of ribosomes, assembly lines in the cell that turn RNA into protein, to do their job in HIV-infected human cells. The cell reportedly dies once the process is interrupted.

GLQ223 is a genetically engineered equivalent of the imported Chinese drug trichosanthin, which is extracted from the Chinese cucumber plant. Compound Q refers to the extracted compound from the Chinese cucumber that has been available from underground sources for a number of years. Both versions of the compound contain trichosanthin as an active ingredient. For more information regarding the GLQ223 study, telephone ViRx Inc. at 415/474-4440.

— The Sentinel

New Cell Therapy Promising In AIDS Battle

MIAMI — Robert Larson chatters nervously as a 3-ounce bag of infection-fighting T-cells begins dripping through an IV tube into his right arm.

"This is going to affect my golf swing," the Miami Beach AIDS patient jokes.

But what Larson really feels is hope — that his own T-cells, grown in the lab, will help him conquer AIDS-related cancer that hasn't responded to other therapies.

The initial results in Larson and two other patients were reported at the International Conference on AIDS in Amsterdam.

The experimental Miami therapy — if it works — won't cure AIDS, but it could make it possible to keep advanced-stage AIDS patients alive indefinitely with regular transfusions of their own boosted immune cells. Unlike a toxic AIDS drug, cell therapy shows its results within a few weeks or months, and appears to have few side effects. Consequently, it could move very quickly, perhaps within a year, to wider experimentation in the federal drug-testing process.

Monthly for five months, the Miami experimenters will grow millions of each patient's immune-system cells in the lab, then give the cells back along with a boost from a protein that helps the cells.

Conventional drug treatment for AIDS is a holding action against the apparently inevitable destruction of the body's immune system. Slowly, the number of infection-fighting T-cells in the blood declines as the AIDS virus multiplies.

Instead of a drug, cell therapy uses white blood cells that the body tailor-makes over a lifetime. These T-cells can fight off infections to which that person has been exposed, such as a cold virus, chickenpox or human immunodeficiency virus (HIV), which causes AIDS. The T-cells also can adapt to short-circuit new infections.

— The San Diego Union-Tribune

Early Intervention Information

◆ Repeated or secondary infection with HIV is believed to accelerate the progression of HIV disease by exposing new strains of the virus and new concentrations of the virus to people already infected.

◆ Unprotected sexual activity can expose the HIV infected person to sexually transmitted diseases that can further undermine the immune system.

◆ Injecting drugs with dirty needles and "works" can expose the HIV infected person to diseases which can accelerate the progression of HIV.

◆ Drugs, alcohol, and emotional stress further compromise the immune system.

◆ Exercise, a healthy diet, and eliminating drug and alcohol use can help an HIV infected person maintain a healthier, longer life.

◆ Many of the opportunistic infections that debilitated people with AIDS several years ago have promising treatments and preventions that allow people to live longer, healthier lives.

◆ There are now several FDA approved treatments for underlying HIV infection, with others on the way.

◆ Many HIV infected people have received benefit from alternative therapies such as acupuncture, Chinese herbal medicine, stress reduction therapies, and macro-biotic diets.

◆ With changes in information about HIV/AIDS occurring at an accelerating pace, information must be available and understandable for all people testing positive for HIV.

— The Sentinel

Firm Developing Agent To Stop Diarrhea In AIDS Patients

An agent to treat diarrhea in AIDS patients has been developed by researchers at ImmuCell Inc., Portland, Maine.

ImmuCell Inc. is launching clinical trials of its new drug for fighting cryptosporidiosis, a type of diarrhea that can be life-threatening for people with AIDS. Cryptosporidiosis, an opportunistic infection, afflicts 5 to 10 percent of AIDS patients in the United States with 60 percent dying as a result.

The condition has been given the U.S. Food and Drug Administration's "fast track" regulatory status, meaning the new drug could be on the market in half the time it usually takes to win approval. ImmuCell has collaborated with researchers in Boston, Massachusetts, and San Francisco, California.

Cryptosporidium parvum is a parasite that causes diarrhea in humans and animals. Veterinary students sometimes get it from cattle, and children pass it along to playmates at day-care centers.

Outside the body, the parasites are protected by a thick-walled sac-like oocyst in feces that can't be harmed by most common disinfectants, including bleach. After being swallowed, the parasite can hide in the digestive system after an initial bout of infection only to resurface later in the intestinal tract.

Outbreaks of cryptosporidiosis are short-lived when a healthy immune system fights the infection, but the illness can be devastating for AIDS patients and others with a depressed immune system. Patients with the parasitic infection can lose up to 18 quarts of fluid a day and up to 25 to 30 percent of body weight over a period of several months.

The drug is based on antibodies produced by immunized cows and isolated from their milk. These antibodies supplement the immune system of the intestinal tract so the body can fight off disease.

Medical evidence suggests bovine antibodies might be effective in humans. About 12 patients with cryptosporidiosis have been treated with similar preparations across the nation, with encouraging results.

— AIDS Weekly

Alternative Approaches

The Homeopathic Approach to HEALING

by Denise Buzbuzian

Homeopathy is an ancient branch of the healing arts dating back to Hippocrates. It was founded on the premise that minute quantities of certain plants, animal components and minerals can induce a healing in the body.

The foundation of homeopathy is a concept called the "law of similars." This principle extends from the belief that a substance which creates a certain symptom in a large dose can trigger the body's healing response in a small dose. In other words, if you were suffering from migraine headaches you could take an infinitesimal quantity of a substance that would normally induce that condition in order to purge the body of the offending energy.

Dr. Samuel Hahnemann (1755-1843) was a German medical doctor who is credited as the founder of homeopathy. In 1790, Hahnemann rediscovered the law of similars from which he derived his motto: "let similars treat similars." He promoted this approach to healing and it was widely employed for medical therapy throughout Europe, the United States, and India.

By trial and error, Dr. Hahnemann learned that a medicine will cure a patient if his own symptoms correspond almost exactly to the symptoms induced by a homeopathic remedy. The dilute solutions used by Hahnemann have been catalogued and developed further by his followser.

Homeopathic medicine views symptoms as an indicator of what the basic problem is. Allopathic medicine (traditional American Medical Association-style medicine) seeks to suppress and alleviate symptoms, and this type of superficial treatment may actually encourage the progression of illness from an acute to a chronic stage. This type of treatment may be necessary for some emergency conditions but it is also necessary to get to the cause of a problem to make a real lasting change in one's condition.

AIDS and Homeopathy

The homeopathic view of the AIDS syndrome is that this illness is one of the ultimate manifestations of the practice of merely treating symptoms of the disease. By using medications such as pain killers and antibiotics, standard allopathic medicine has hidden and intensified the basic energetic imbalances which are the foundations of all illnesses. The vital force strays further and further from the ideal pattern of health.

The treatment of sexually transmitted disease with massive amounts of antibiotics is believed to have laid the foundation for the rapid development of the AIDS epidemic. For too long, the standard response to the symptom of any type of illness has been to throw a pill at it. Penicillin may destroy the outward illness that manifests itself as syphilis or gonorrhea but it does not correct the energetic deficit which permitted these diseases to get a foothold. This is not to say that one should reject pharmaceutical treatment for these serious conditions, but one should also seek to limit the damage these remedies cause and reverse the weaknesses that allowed their development.

By allowing an energetic imbalance to remain and to be aggravating it with repeated surface treatments one sets up the perfect condition for the development of chronic conditions such as AIDS. This depletion of the vital force is aggravated by an unhealthy and chemical-laden diet. Other factors include drug abuse and environmental stresses.

Although homeopathy does not claim to have a cure for AIDS, a good homeopathic practitioner can enhance ones vitality and reduce the likelihood of opportunistic infections. A homeopath will take a detailed personal history and develop a program compatible to blockages and weaknesses in your vital force.

Denise Buzbuzian is a private nutritional consultant who specializes in herbal and alternative remedies as well as in diet and nutrition. She can also provide you with additional information on homeopathy. She can be contacted at 415/626-1702.

— San Francisco Sentinel

Personal Perspective

Cold Processed Aloe Vera And HIV

by Mike DeHart

The history and use of Aloe vera as a medicinal product date back to 4000 B.C. Aloe vera has long been known as the medicine plant. In the last 50 years, Aloe vera has begun to receive some of its long overdue acclaim in both holistic and scientific unities.

Aloe vera has been used for burns, rashes, skin diseases, ulcers, etc., and more recently has been reported to show activity against a broad spectrum of viruses such as herpes virus and measles virus. Thousands of people are also currently using it to treat HIV.

The ingredient believed active in Aloe vera against HIV is a polysaccharide (a large sugar molecule), known as Acemannan. Unfortunately, Aloe vera must be processed in a specific manner otherwise there is another element naturally occurring in Aloe vera that breaks down Acemannan. In order for Acemannan to be present, Aloe must be processed within six hours of its harvest and must be cold processed. In addition, there must be a significant amount of Acemannan present. There are probably less than a dozen effective Aloe vera products (for HIV) available in the United States.

Acemannan works in many ways. Acemannan activates macrophages, a type of white blood cell vital to immune system function, and stimulates T-cells. Acemannan also stimulates interferon production. It has antimicrobial, antibacterial, antiviral, and anti-inflammatory activity, and is thought to be an immune booster.

Some researchers are also saying that in the future it may be used in conjunction with AZT and could possibly reduce the amount of AZT needed by ten-fold. Due to AZT's toxicity, this is encouraging news for those people who do take AZT or may consider taking AZT.

NAC And HIV Infection

Use of NAC for HIV infection was first suggested by a German immunologist, Dr.Wulf Droge. Dr.Droge knew that levels of a chemical called glutathione were abnormally low in persons with HIV/AIDS; these levels fell further as the disease progressed.

NAC (N-Acetyl-L-Cysteine) is a synthetic substance and byproduct of a common manufacturing process. It is related to both of the naturally occurring amino acids L-Cysteine and Glutathione. NAC has been shown to raise glutathione levels in human patients. NAC has also been shown to be more effective than taking glutathione itself.

Glutathione is believed to be important in the initiation and progression of lymphocyte activation, and thus essential for host defense. Glutathione is critical for the function of natural killer cells, regulation of enzyme activities, and production of antibodies.

The Fight for Life Committee, an AIDS activist organization in North Lauderdale, Florida is collecting information from 24 people who are using NAC as an HIV treatment. Everybody reported increased energy. Persons who once needed naps during the day have become able to work full time without them. There also appears to be a relationship with weight loss and lack of glutathione. Those receiving NAC appear to have increased appetite.

The two who showed the most benefit both had wasting syndrome. One gained 12 pounds, and his physician found no new growth of KS. The other gained 10 pounds.

Some people report headaches, dizziness, and nausea during the first days of usage. The usual dosage is between 1400-1800 milligrams per day. Due to side effects, some have decreased dosages to 1000 milligrams a day. This author has noted that side effects (at least for this user and his cohorts) seem to ease if NAC is taken after eating. This author has also had no problems with dosages as high as 3500 milligrams per day.

New reports have indicated that NAC may not be as easily assimilated as once thought, but these reports are conflicting and so far inconclusive. If nothing else, people should consider NAC due to anecdotal reports alone. As with all treatments, both mainstream and altnerative, this author is not interested in advocating treatments, but is simply interested in the dissemination of pertinent information.

(Editors' note: These articles are the personal perspective of the author. PSSN encourages discussion with your physician if you have questions or are interested in the topics mentioned).

Healthy Long-Term Survivors ...

A Ray Of Hope

by Arturo Jackson III

An encouraging presentation at the VIIIth International AIDS Conference in Amsterdam revealed 36 men in the San Francisco City Clinic Cohort who remain completely healthy after having lived with HIV for more than 10 years. The presentation was made by Dr. Susan Buchbinder, a cohort researcher, and reported on the 'healthy long-term positives' and survival trends garnered among 562 men participating in the study. The San Francisco City Clinic Cohort, considered one of the most important HIV survival studies in the country, initially enrolled 6,704 homosexual and bisexual men between 1978-1980 in San Francisco, and eventually led to development of the Hepatitis vaccine.

In the S.F. City Clinic Cohort, a healthy long-term positive subgroup participant was described as an individual who has not been diagnosed with AIDS, and has a CD4 (T-helper) cell count above 500 after 10 years with HIV infection. The researcher emphasized that the term 'long-term' survivor is accurately used to describe many people with HIV exhibiting varying degrees of immune health and function. "Healthy long-term positives provide encouraging evidence that some persons maintain immunologic health for very long periods of time despite HIV infection," stated Buchbinder.

Upon analysis of the cohort data, researchers determined that 51% of the study participants progressed to an AIDS diagnosis within 10 years. At 13 years 65% of the men in the study had been diagnosed with AIDS. "The encouraging message is that 30-40% of HIV-infected persons in our cohort have not developed AIDS 13 years after HIV seroconversion," Buchbinder emphasized. "In exploring mechanisms responsible for delayed or arrested HIV disease progression, we may discover important new approaches to therapies and vaccines," she added.

Five Healthy Long-Term Positive Men

The men spoke of coming to terms with their own HIV status over the years and the importance of maintaining a positive attitude. "I always see the positive in things, and take life as a challenge and try to find the good in whatever happens no matter how horrible," stated Jeff (alias), a 10-year HIV survivor. Others found they coped best by not allowing AIDS to become the center of their very existence. "I really don't think about it much," stated Allen, 37, a 12-year HIV survivor. "I've always felt the odds are in my favor and somehow I would survive," he adds.

All share a fighting attitude and determination to survive. "I decided a long time ago that HIV was something that I was not going to let affect me," stated Stan (alias), 39, and a 14½-year long-term survivor. "I really don't believe that because your HIV-positive, that you have to die from AIDS," he emphasized. "I love every minute of life," adds Gordon Gross, 42, a 13-year HIV survivor.

"There is something going on in my body, and the bodies of other healthy gay men who have been exposed for a very long time, that is keeping this disease at bay," stated Stephen Pfander, 42, a 12-year HIV survivor. Researchers don't know why some people with HIV stay healthy while others succumb to manifestations of HIV disease. "We either have co-factors that keep the disease away, or we have been in touch with co-factors that cause the disease progression," pondered Pfander. "I'm probably healthy because of blind luck, heredity factors, the strain of HIV I became infected with, or any one of a number of other factors that researchers are trying to identify," Jeff adds. The importance of long-term HIV survivors was emphasized. "Long-term survivors are an overlooked commodity and somebody should be paying attention to us," stated Pfander.

"You need to take aggressive action early if you are HIV-positive, and finding out your T-cell count is the next step to staying healthy," added Pfander. The importance of attitude in coping with HIV was shared by the men. "Finding out your HIV-positive is not the end of the world, and don't believe anyone who says you're going to die," Stan emphasized. They offer encouraging words for others coping with HIV. "Hang in there, it's not easy, there are going to be rough moments, but there is hope, and it's a golden opportunity to look at your life and what is important to you," stated Jeff. The men emphasized staying in the present moment rather than the future and on what may happen. "Keep your mind on life, and not death and sickness, and if you need help, get it," emphasized Gross. The challenge to stay alive and healthy was intense. "When I heard the doomsayers say I was going to die, I'd say fuck you, you son-of-a-bitch, because I will be and have been around for a while," exclaimed Stan.

> *"Keep your mind on life, and not death and sickness, and if you need help, get it . . ."*

Make a resolution to volunteer with the Sacramento AIDS Foundation ...

BECAUSE A LIFE DEPENDS ON IT!

Volunteering with the Sacramento AIDS Foundation to help those coping with the AIDS epidemic can be a true challenge, yet the rewards are immeasurable.

For more information, contact the Sacramento AIDS Foundation at:
(916) 448-2437
920 20th Street
Sacramento, CA
95814

SACRAMENTO AIDS FOUNDATION

Providing care, advocacy and education to meet the challenge of HIV.

Affirmations

I Claim My Own Power And I Lovingly Create My Own Reality.

Since I've been on Disability. I've Been So bored!
what about going to a group?
To Listen to others Complain? NOT!
P.S.S.IV Need Volunteers
NAAAA!
Lambda or the AIDS Foundation?
Answer Phones? Please!
Lambda Letters; Act-UP,? Hand to Hand?
NO,! NOT; NOPE!
I Don't Know What To decide?
Whether You want to be Baked or Fryed?

RESOURCE

Support Groups

HIV+ Emotional Support Group
Facilitators: John Linder, Will Green
Place: Buhler Building, 2800 L St., classroom #1, 95816
Time: 1st & 3rd Wed., 7:30 p.m.
Pager # 762-6282 / 446-3734

The Positive Group
Membership: HIV+ substance abusers & their significant others. Fee: none
Contact: Vicki or Lon, The Effort
Phone: 916/444-6996
Place: 1820 J St.
Purpose: Emotional support and a place to discuss status drug problems.

AIDS/ARC/HIV+ North Hall AA Group
Open to everyone with a desire to stop drinking.
Time: Sun., 4 p.m.
Place: MCC, 2741 34th St.

Brother to Brother
Membership: Gay African-American HIV+ men's support group. Dealing with HIV, ARC or AIDS? Tired of not being counted?
Contact: Project Survival, Fee: none
Phone: 916/454-0516
Time: Mon., 7 p.m.
Place: Call for location
Purpose: Emotional & social support. Strictly confidential.

Grupo Para Latinos
Infectados y afectados con la virus HIV, Latinos de Habla Hispana o Bilingues.
Facilitado por Gloria Avelas, LCSW
Telefono: 916/448-2437
Tiempo: Cade otro lunes, a las 6 p.m.
Lugar: SAF, 920 20th St.

HIV+ Support Group
Place: SAF, 920 20th St., 2nd floor
Time: Tuesday, 7 p.m.
Phone: 448-2437.

MCC People Together
Membership: People who are HIV+, ARC or AIDS, or other catastrophic illnesses & those who love & support. Fee: none
Contact: Sandy or PJ
Phone: 916/454-4762
Time: Tues., 7:30-9 p.m.
Place: RCMCC Activity Center, 2741 34th St.
Social & spiritual support group sponsored by the River City Metropolitan Community Church. All welcome.

Sister to Sister
Emotional & social support for women of color who are HIV+, ARC or AIDS. Childcare & transportation available. Fee: none. Contact: Rosie Cristian, Project Survival. Phone: 916/454-0516
Time: Mon., 5-7 p.m.
Place: 3501 Broadway

Women's Hemophilia Support Group
Facilitator: Cecilia DeCuir
Time: 2nd Weds of each month, 7-9 p.m.
For more information 448-7444

Men's Hemophilia Support Group
Facilitator: Steve Keale
Time: 3rd Thurs. of each month, 6:30-8:30 p.m. For information: 443-7747

Support Groups for Partners, Family & Friends

Children's Group
For children & parents or significant others living with HIV, starts Sept. 1992.
For info call Roxanne Rae 925-7721 or Petey (Intake) 736-0828.

Bereavement Support Group for family & friends of people with ARC/AIDS or who are HIV+.
Contact: Tori Butler, LCSW
Phone: SAF, 916/448-2437, 451-5344
Time: Mon. 6:30-8 p.m. 874 57th St. Call first.

HIV+/AIDS Family Support
Emotional support for parents & adult siblings, among the HIV/AIDS spectrum: diagnosis through bereavement.
Fee: none
Contact: Pastor Todd VanLaningham
Phone: 916/483-5691 or 916/456-9642
Time: 1st & 3rd Thurs., 7-8:30 p.m.
Place: Lutheran Church of Our Redeemer, 4641 Marconi Ave. at Mission

Parents Support Group
Membership: Education and emotional support for parents of adults & children with hemophilia. Fee: none
Time: 3rd Thurs., 7-8:30 p.m.
Place: 2100 Capitol Ave., 95816

Mothers Only Support Group
Membership: Mother's peer support group. Contact: Frances Wright, 916/646-6122. Fee: none
Time: Tues., 1:30 p.m.
Place: SAF, 920 20th St., 2nd floor
Purpose: Support for mothers of people with HIV, ARC & AIDS & mothers who have lost sons & daughters to AIDS.

Support Group for Loved Ones
Now forming. Partially instructional and partially sharing. Open to the general community. For information, call Sandi Kiehn at CARES, 443-3299.

Spiritual Groups

Transformational Energetics
Workshops on transformation & healing primarily focused on deep healing issues for people with HIV & other life-threatening illnesses.
Contact: Michael Dulling, MD
Phone: 916/422-1234
Fee: negotiable

Support Services

Sacramento AIDS Foundation
Provides regional AIDS case management, AIDS education, client service, benefits counseling. Hand to Hand emotional & practical support volunteers available to clients diagnosed ARC/AIDS.
Place: 920 20th St., 2nd floor
Hours: Mon.-Fri., 9 a.m.-5 p.m.
Phone: 916/448-2437

Freedom from Smoking Clinic
Free self-help program available Mon. at 5:30 p.m. A one-time orientation meeting with full program packet. Bob Hall, licensed counselor available for free individual help.
Place: LAMBDA Community Center
Phone: Sue 916/442-0185 for info

Women's Support
Education & emotional support for women with HIV/ARC/AIDS. Fee: none
Contact: Donna Robertson, Sacramento AIDS Foundation
Phone: 916/448-2437
Time: Call for time and location.
Purpose: Education & emotional support for women with HIV/ARC/AIDS.

Del Oro Regional Resource Center
Membership: Brain impaired adults
Contact: Connie Garver
Information & referral contractual service for legal & financial advising, counseling, respite care & referral to support groups.
Place: 3625 Mission Ave., #300, Carmichael, 95608
Phone: 916/971-0893

CARES Clinic
Provides counseling, early intervention/medical attention to HIV+ individuals.
Place: 2710 Capitol Ave.
Hours: Mon.-Fri., 9 a.m.-5 p.m.
Phone: 916/443-3299.
Fee for service

AIDS Survivors of Nevada Co. Inc., (ASNC)
Membership: All HIV+ persons in Western Nevada County, since 1989.
Professionally facilitated support group meets every Wed., 7 p.m.; caregiver referral, HIV resource library, speakers bureau, social events.
Phone: 916/265-0620

Hemophilia/HIV Peer Association
National organization advocating for better medical care and financial assistance for people with hemophilia-related HIV.
P.O. Box 931, Nevada City, CA 95959.

LAMBDA Community Center
Information & resources to help the individual with HIV.
Place: 1931 L St., Sacramento, 95816
Hours: 10 a.m.- 6 p.m. Mon.-Fri.
Phone: 916/442-0185; info: 916/447-5755.

Being Alive "Living Room"
Drop-in social time for people living with HIV at the LAMBDA Community Center every Thurs. from 2-5 p.m.
Place: 1931 L St., 95816
Phone: 916/442-0185.

Sierra AIDS Council
Support services for people dealing with HIV in Amador, Calaveras & Tuolumne counties. P.O. Box 1062, Sonora, CA 95370
Phone: 209/533-2873

W.C.I.C. (Women's Civic Improvement Club) Project Survival
Minority issues & AIDS
Place: 3501 Broadway
Phone: 916/454-0516
Contact: Nadine L. Roberts

Alcoholics Anonymous
7500 14th Ave., #27, Sacramento
Phone: 916/454-1100

The Effort
IVDU treatment program, AIDS education, counseling, and confidential testing.
Place: 1820 J St., Sacramento
Phone: 916/444-6294

Hospice Care of Sacramento, Inc.
Providing services to persons coping with a terminal illness & their families. Fee: none. Place: 2007 O St., #100
Phone: 916/443-0398

Planned Parenthood of Sacramento Valley
AIDS Education to youth detention, homeless shelters & classrooms.
Fee: none. Place: 1507 21st St., #301A
Phone: 916/446-0930

Gay AA Group "Trust the Process"
Time: Wed., noon-1 p.m.
Place: LAMBDA Center
Phone: 916/442-0185

Narcotics Anonymous
P.O. Box 162416, Sacramento 95816
Phone: 916/486-0465

Gay N.A. Group "Lavender Nights"
Time: Mon. & Fri., 8 p.m.
Place: LAMBDA Center
Phone: 916/442-0185

Sierra Foothills AIDS Foundation
714 W. Main St., #7, Grass Valley 95945
Phone: 916/477-5551

Placer County AIDS Foundation
12183 Locksley Lane, Auburn 95602.
Support services for those dealing with HIV in Placer County & surrounding areas. Phone: 916/889-2437

Positive Alternatives
An information resource providing information on herbs, vitamin supplementation and experimental drugs in relation to HIV disease.
Place: LAMBDA Center (20th & L Sts.)
Time: by appointment
Phone: 916/442-0185, 443-6526

Legal

Sacramento AIDS Legal Referral Panel
Contact: June Black or Ellen Juarez
Phone: 916/444-6760
Fee: reasonable or no fees for AIDS-related matters.
Place: 515 12th St.
(Must state that you were referred by the Sacramento AIDS Foundation).

Mental Health Providers

Mental Health Panel; counseling at reduced fees. Contact: Sacramento AIDS Foundation case manager, 916/448-2437; 920 20th St., 2nd floor, Mon.-Fri., 9 a.m.-5 p.m.

Suicide Prevention
Volunteers available 24 hours to help individuals through times of crisis. TTD capabilities for the hearing impaired.
Emergency: 916/368-3111
Office: 916/368-3118.

Medical Clinics

AIDS Related Disorders Clinic (ARDC)
Provides medical care to people with HIV disease.
Place: University of California, Davis, Medical Center, Primary Care Building, 2315 Stockton Blvd., Sac., 95817
Phone: 916/734-3282 (message)

AIDS Research Office UCDMC
Sheila Enders; Phone: 916/734-8282

G U I D E

CARES
Provides medical evaluation, personal counseling, health education & referrals for HIV positive people. Fee for service.
Place: 2710 Capitol Ave., Sac., 95816
Phone: 916/443-3299

HIV Clinic
Offers medical care for individuals who need a general work-up related to HIV infection. Fee: none.
Place: 1500 C St., Sac.
Phone: 916/440-5302

Infectious Disease Unit UCDMC
Phone: 916/734-3741

County AZT Program
Place: 2921 Stockton Blvd., Sac.
Phone: 916/732-3770

HIV Antibody Testing

Capitol Health Center
Place: 1500 C St.
Call for information & appointments for free, anonymous test.
Time: Wed. & Thurs. 8 am.-5 p.m.
Phone: 916/440-7720

Davis Community Clinic
Free HIV testing
Place: 620 G St., Davis
Phone: 758-2060, call for info. & appts.
Time: Mon.-Thur. 6-9 p.m. and Fri. 10 a.m.-1 p.m.

Davis Community Clinic
West Sacramento
Free HIV testing
Place: 950 Sacramento Ave. (Riverbend Shopping Center), West Sacramento.
Phone: 371-1966, call for info & appts.
Time: Fri. 1-5 p.m.

The Effort
Call for information & appointments for confidential test.
Time: Tues. & Thurs. evenings.
Phone: 916/446-6467, after 3 p.m.

Hispanic AIDS Community Educational Resources
HIV anti-body testing with bilingual counselors.
Place: 7000 Franklin Blvd., #210
Time: Tues. evenings 5-7 p.m.
Phone: 916/392-7815 or 916/734-8282

Political

ACT UP/ Sacramento
A diverse, non partisan group of individuals united in hope and anger and committed to direct action to end the AIDS crisis. Affiliated with similar organizations around the U.S. and in several foreign countries. Confronts officials, protests, lobbies, demonstrates. Every Tuesday, LAMBDA Center main room, 8 p.m. 863-3025

Lobby for Individual Freedom & Equality (LIFE)
Statewide AIDS lobbying group representing 100 gay, lesbian & AIDS organizations
Place: 926 J St., #1020
Phone: 916/444-0424

Lambda Letters Project
Organizes letter writing campaigns expressing community opinions on women's issues, gay & lesbian rights & AIDS issues. The group also offers letter writing assistance to people who would like to express their viewpoints.
Phone: 916/965-6851

Food

Food Bank
Monthly food exchange. $13 for $40-worth of food (payable 1st Mon. of month).
Contact: Shoshana Zatz, SAF
Phone: 916/448-2437

A Touch of Sabbatt
A monthly delivery service of homemade chicken soup & challah (bread) the last Friday of each month for people with AIDS or ARC. Free food closets
More info: 916/921-1313 or 916/482-1432

Products

Sunergy - Herb Food Concentrates
Sunrider nutritional products & philosophy formulated after the ancient Chinese tradition of nourishing the body with whole foods & the proper combination of herb foods.
Local distributor: Gina Milbourn
Phone: 916/991-0860

Reliable Medical Resources
Quality health care products ranging from personal AIDS/support equipment, incontinency protections & skin care products. Available at no cost to individuals with Medi-Cal/Medi-Care coverage. Lowest cost to insurance plans & private pay.
Phone: 916/383-6868

Information

Project Inform
Non-profit information resource group & hotline for alternative & experimental treatment updates including Compound Q, alpha interferon, AZT, aloe vera juice, ribavirin, DNCB, etc.
Hotline: 800/822-7422 or 415/928-0293.

AIDS Treatment News
Bi-weekly publication that covers up-to-date issues on alternative & holistic therapies. Subscription charge with a reduced rate for people with HIV. Write John James, P.O. Box 411256, San Francisco, CA 94141.
Phone: 415/255-6588

Treatment Issues
GMHC Dept. of Medical Info., 129 W. 20th Street, New York, NY 10011
(Published 10 times yearly)

National AIDS Information Clearing House
Local & national computerized resource listings & informational publications, many available free of charge to people with HIV such as the AmFAR (American Foundation for AIDS Research) Directory of Experimental Treatments.
Phone: 800/458-5231 or 212/719-0033

BETA (Bulletin of Experimental Treatments for AIDS)
Publication of the San Francisco AIDS Foundation. Educational resource for people reviewing experimental treatments for HIV.
Phone: 800/FOR-AIDS for sample copy & information

NIH (National Institute of Health)
Drug Trials Information -- toll free phone line with information on federally funded clinical trials researching AIDS treatments with information provided by APA MONITOR (American Psychological Association).
Phone: 800-TRIALS-A or 800/874-2572

AIDS Library of Philadelphia
32 N. Third St., Philadelphia, PA 19106
Phone: 215/922-5120

AM-FAR - American Foundation for AIDS Research
1515 Broadway, Suite 3601, New York, NY 10036-8901
Quarterly AIDS/HIV Treatment and Clinical Trials Directory
Phone: 212/719-0033

Community Consortium
3180 Broadway, Suite 201, San Francisco, CA 94110. Quarterly Directory of Bay Area Clinical Trials
Phone: 415/476-9554

DAVIES TRIAL SEARCH
Davies Medical Center, 45 Castro Street, San Francisco, CA 94114
Provides individuals with computerized list of trials for which they qualify.
Phone: 415: 565-6368.

Northern California AIDS Hotline 800/367-2437

AIDS Drug Hotline 800/334-7422

UC Davis Medical Library (MED-LINE) 916/453-3529

Persons with AIDS (PWA) Hotline 800/367-2437 or 415/861-7309

National Association of People with AIDS
2025 Eye St., NW, #415, Washington, D.C. 20006

Teen AIDS Hotline 800/234-TEEN
National Library of Medicine
(for subject searches).
AIDS LINE: 301/496-6095

The NAMES Project
Educating the world by remembering those who have died of AIDS by creating memorial quilt panels with love.
2362 Market St., San Francisco
Phone: 415/863-5511

California State University, Sacramento, Health Center
Place: 6000 J St.
HIV info line: 916/278-6461

California Association of AIDS Agencies 916/447-7199

HOPE HOUSE 916/446-0874

LIFE AIDS Lobby 916/444-0424

Sacramento County AIDS Services/Information 916/366-2922

San Francisco AIDS Foundation 415/864-4376

State Office of AIDS 916/445-0553

Stop AIDS Project 916/442-5801

Suicide Prevention 916/368-3111

Teen AIDS Hotline 1-800-234-TEEN

Women's Civic Improvement Club (WCIC) 916/424-0516

Religious Services

River City Metropolitan Community Church (RCMCC)
Place: 2741 34th St., Sacramento
Phone: 916/454-4762
Sunday Worship Services: 9 a.m., 11 a.m. & 6 p.m., Sunday School during 11 a.m. worship for Children 2-12. TV ministry on Channel 17, 7 p.m.

Publications

the latest ISSUE
Sacramento's newest magazine for the gay community & its friends; P.O. Box 160584, Sac. 95816
Phone: 916/737-1088

MGW Newspaper
First & oldest newspaper for the gay community; 1725 L St., Sac. 95814
Phone: 916/441-NEWS

Patlar "Voice of Gay America"
P.O. Box 22402, Sacramento
Phone: 916/452-0769

BLK
BLK Publishing Company, P.O. Box 83912, Los Angeles, CA 90038-0912

The Sentinel
California's statewide gay newsweekly.
Phone: 415/861-8431 for subscriptions.

Bay Area Reporter (BAR)
Excellent info & news source. 395 9th St., San Francisco, CA 94103 Available at the LAMBDA or Tower Books or by subscription: 415/861-5019.

World Newsletter by & for HIV+ Women
Phone: 510/658-6930.
P.O. Box 11535, Oakland, CA 94611

Television

Being Gay Today
Programs from around the country, usually with segments on updates of HIV+ & AIDS health questions.
Channel 18, Tues. 10-11 p.m., repeated Thurs. 9-10 p.m.
Phone: 916/392-7025 for info

Workshops

The MENS Session
We all know we need to have safe sex, but maintaining changes in how we have sex can be very difficult. The MENS Session helps men adjust to those changes in a fun, sex-positive & information workshop. Fee: none Phone: SAF 916/448-2437 for dates & times

Healthy Living Series
Workshops on various health & wellness issues for people who want to learn ways to maintain & improve their health. Phone SAF, 916/448-2437.

Teens and HIV

Federal Response To Adolescent AIDS Called 'National Disgrace'

AIDS is spreading among adolescents at an alarming rate, but the Federal Government's response is a "national disgrace," a Congressional panel recently said.

Federal efforts are "under-funded, uncoordinated and largely unsuccessful" in dealing with AIDS and cannot meet the need for prevention among teenagers, the House Select Committee on Children, Youth and Families concluded. Furthermore, efforts are hampered by moralistic restrictions that prevent explicit or specific information about high-risk sexual practices and the effective use of condoms, the panel said.

"Few Federal resources are dedicated to research or data collection that involves adolescents and their healthcare providers," the group said. "Prevention efforts to curb risk-taking behavior among youth are sketchy. And use of explicit information about preventing HIV infection is often discouraged or even prohibited."

The prevalence of HIV among adolescents is unknown, but the number of teens who have AIDS increased by more than 70 percent in the past two years, the panel found. In addition, AIDS is the sixth leading cause of death among people aged 15 to 24.

Other findings include:

➤ Less than 5 percent of the Federal AIDS budget, excluding Medicaid, goes for research, programs or services that benefit teens.

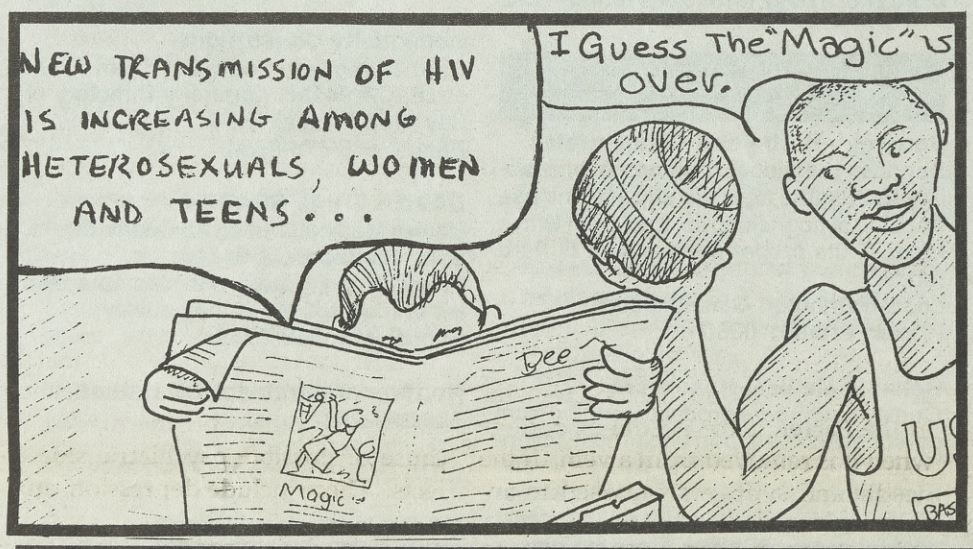
➤ By age 20, 68 percent of females and 86 percent of males are sexually active. Among sexually experienced teens ages 18 and 19, nearly 25 percent of females and 20 percent of males report having six or more partners. Only half report using condoms at first intercourse.

➤ AIDS among teens "is spreading unchecked" regardless of geography or economic status.

➤ There is no coordinated government effort targeting teenagers.

A minority group of eight of the 14 Republicans on the panel took issue with the findings. In a dissenting report, they said that AIDS among teens is primarily a "behavioral problem" rather than a health problem. Sexual abstinence and strengthening the family, not more government programs, are the answer, they said.

— Physician's Financial News



"Magic" To Quit Commission

Basketball star Earvin "Magic" Johnson said he will probably resign from the National Commission on AIDS because President Bush has hampered its efforts to fight the epidemic.

"I'm frustrated and I don't think I'll be on it too much longer," Reuters News Service quoted Johnson as saying. He said Bush had repeatedly turned down the Commission's request for more funding, and he said the president needs to exercise greater personal leadership in the fight against AIDS.

"I am going to do my part, but I think that the higher source — and that's the president — can have a better effect than I can," he said.

When asked which presidential candidate he would endorse, Johnson said, "It definitely won't be the President."

— The Washington Blade

PROJECT INFORM

- **Learn your options** and line up your support.
- **Get tested,** *anonymously.*
- If positive, **maximize your health,** get a complete physical and full immune health workup, and consider **anti-viral treatment**. For women, also get "gyn" and Pap tests every six months.
- **Monitor CD4 cells quarterly,** *(no matter how high your count)*, charting the trend.
- *If the CD4 trend is downward or consistently below 500,* **use an anti-viral** (ideally a combination).
- *If the CD4 trend stays below 300,* **use preventive treatment against PCP** (oral drugs if possible). If the count continues to fall below 200, consider preventive treatments against other opportunistic infections.
- *If the count stays below 75,* **intensify monitoring,** take preventive action against MAC/MAI and fungal infections (at least).

News Briefs

Condoms For Teens

BOSTON — A panel of doctors and educators is urging state officials to make condoms available to teenagers "upon request," and to provide information and counseling.

The Governor's Advisory Council on Acquired Immune Deficiency Syndrome cited data indicating that young gay men and young IV drug users are more at risk of contracting AIDS than are their older counterparts.

Condoms In Schools?

ALEXANDRIA, Va. — The city health director here, citing the rising number of teen-age pregnancies and cases of sexually transmitted diseases, is trying to build support for the distribution of condoms in city schools.

Knowledge Without Action

ST. PAUL, Minn. — Minnesota's public school students generally understand the need to use condoms but don't always practice what they know.

A health assessment given to 9,900 students in grades four, eight and 11 found that students understand that condoms reduce the risk of HIV infection. But another survey found only 25% of sexually active 12th grade females and 32% of males use condoms.

The health test also found that females understand health issues more than males, and the gender disparity widens as the students get older.

Scary Messages

NEW HAVEN, Conn. — The messages young children are receiving about AIDS are leaving many confused about its causes and afraid they will contract the fatal illness, a study found.

Information carried in the news media on AIDS is geared to older audiences and "doesn't impart information to kids," said David J. Schonfeld, M.D., assistant professor of pediatrics at the Yale University School of Medicine.

AIDS education courses are likewise too vague, leaving children thinking they and their families are at risk, Dr. Schonfeld said. If children don't understand the causes, they make them up.

Dr. Schonfeld and colleagues interviewed 361 New Haven, Conn., kindergarten through sixth-graders. Some thought they could get AIDS from dirt as a result of hearing about the dangers of dirty needles.

The study also found many children thought that drinking alcohol or smoking cigarettes could cause AIDS, equating these substances with "bad drugs" and thinking HIV came from the drugs, rather than needles.

Dr. Schonfeld, who presented his findings to the Ambulatory Pediatrics Association, is directing a five-year project to prepare a developmentally based curriculum that can improve children's understanding of AIDS.

Out Of The Mouths Of Babes

SCOTTSDALE, Ariz. — A group of Arizona academics are debating the merit of allocation of government funds to AIDS. The question: Emphasize research, education or care?

Almost every one of the eighth-graders has an opinion.

AIDS researchers "could have been taking that money and living a happy and glorious and wealthy life, for all we know," one student says. "I think the best way to use it is to educate."

"Educating is not for sure," another says. "I mean, if we spend 430 million in educating, we don't know how many people have been reached."

Most agree that too much money is spent on care for those who already have contracted AIDS.

— American Medical News

In The News

Increased Risk of Lymphatic Cancer Among People With HIV

by Arturo Jackson III
HIV/AIDS Editor
the LATEST ISSUE

An epidemiologist with the San Francisco Department of Public Health AIDS Office reported that HIV-positive homosexual and bisexual men participating in the San Francisco City Clinic Cohort Study had a five times greater risk of developing Hodgkins disease than HIV-negative study volunteers. The data also showed that HIV-positive men had an estimated 38% increased risk of developing non-Hodgkins lymphoma, a variant cancer attacking the lymphatic system. The results of the study were published in the August 15 issue of the *Annals of Internal Medicine.*

The names of 6,704 homosexual and bisexual men participating in the San Francisco City Clinic Cohort study, who had been recruited as volunteers between 1978 and 1980, were cross-checked with the Northern California Cancer Center. Epidemiologists identified eight cases of Hodgkins disease and 90 cases of non-Hodgkins lymphoma among cohort participants. Of the eight diagnosed with Hodgkins disease, seven had HIV infection before a Hodgkins diagnosis, and one had an unknown HIV status. Of the 90 diagnosed cases of non-Hodgkins lymphoma, 87 had HIV infection, while three were HIV-negative. Upon further analysis, it was determined that 43 of the 87 men were HIV-positive before the diagnosis of the lymphoma, and 44 were diagnosed with AIDS before or at the same time the men received a non-Hodgkins lymphoma diagnosis.

"Clinicians need to be aware that people with HIV are at increased risk for Hodgkins Disease," stated Nancy Hessol, epidemiologist with the DPH AIDS Office and lead author of the study. Both Hodgkins disease and non-Hodgkins lymphoma are cancers which attack the lymphatic system. Symptoms for both diseases include enlargement of the lymph nodes, fever, and fatigue.

"Patients newly diagnosed with Hodgkins disease should also be evaluated for HIV-infection by their clinician," the epidemiologist added. She emphasized that people with HIV should not become overly concerned with the reported higher incidence of Hodgkins disease and non-Hodgkins lymphoma as it is still fairly rare even among HIV-infected people. Non-Hodgkins lymphoma, Kaposi's sarcoma, and primary lymphomas of the brain are three HIV-related cancers included under the Centers for Disease Control (CDC) AIDS case definition. The epidemiologist urged further studies to monitor the incidence of Hodgkins disease among people with HIV and its possible inclusion as an AIDS-defining disease under the CDC definition.

HIV Notes

by Sonya Cox
HIV/AIDS Editor
MGW

About Clean Needles

President Bush recently called upon Americans to "demonstrate compassion" for people with AIDS, and said some aspects of the disease can be "controlled by behavior — such as using dirty needles." The HIV virus is not transmitted by dirt and grime.

A small amount of blood remains in the barrel of the needle or syringe when it is removed from a vein. If the needle and syringe are passed to another person who then injects drug into their vein, both drug and blood will be injected. If the blood contains the HIV virus, it can be transmitted from one person to another in this manner. This is why drug users must use only "clean" (previously-unused) needles.

Halcion May Be Pulled Off Market

It has been recommended that the widely prescribed sleeping medication, Halcion be pulled off the market because of possible psychiatric side effects. These include depression, anxiety, insomnia, paranoia, aggression, and suddenly waking up completely disoriented when the drug wears off after three to four hours. Physicians prescribe it for people with HIV when they have trouble sleeping. Many people take it with absolutely no side effects. It was recently proclaimed safe by medical experts, and remains available through prescription, but it is now strongly recommended that physicians remind people who take it to be alert for possible side effects.

30-60% Of Late-Stage HIV Patients Develop Dementia

BALTIMORE — There's an epidemic of HIV-related neurologic diseases, the most common and devastating of which is dementia.

Dementia occurs in about 30% of patients in advanced stages of HIV disease, said Dr. Justin C. McArthur of Johns Hopkins University School of Medicine.

Over the last four years, Dr. McArthur and his associates at Johns Hopkins have seen as many as 30-50 new cases of HIV-related dementia each year. Of these, one-third reported never having taken AZT prior to developing symptoms.

In contrast to Alzheimer's disease, HIV-related dementia is a disorder that affects movement, cognition, and behavior.

Early on in the disease, patients report memory loss, difficulty concentrating, and generally feeling "slow." Their motor symptoms include unsteady gait, weak legs, poor coordination, and tremors. Their families usually note that patients are apathetic and appear depressed or occasionally agitated.

As the disease progresses, patients become disoriented and experience a lack of awareness, psychomotor retardation and hyperreflexia. The end stage is marked by a nearly vegetative state.

Left untreated, a patient with HIV-related dementia will die in six months, he said.

Differential diagnosis can be very difficult in the early stages of dementia. Its initial symptoms can mistakenly lead to a diagnosis of depression, anxiety disorder, or be presumed to be the effects of psychotropic drugs. It is especially important to differentiate dementia from cerebral toxoplasmosis, neurosyphilis, and cryptococcal or tuberculous meningitis, he said.

"Zidovudine is still the mainstay" of dementia treatment once a diagnosis has been made, Dr. McArthur said. He recommended that if a patient has never taken AZT, the drug should be given in higher-than-standard doses.

But patients who develop HIV-related dementia while already taking AZT may be switched to dideoxyinosine (ddI), although currently there is not much information about the therapeutic effects of ddI, he said.

Several studies have suggested that patients with HIV dementia have improved in clinical functioning and neuropsychological performance after taking AZT. One study reported a 43% drop in the incidence of dementia after the introduction of the drug for widespread use, he said.

— Internal Medicine News

In The News

HIV Rate Drops, But AIDS Cases Rise in San Francisco

by Lisa M. Krieger
Examiner Medical Writer

A grim new statistical snapshot of AIDS cases in San Francisco confirms what has been suspected: That despite a sharp reduction in the rate of human immunodeficiency virus infection here, The City's AIDS caseload will continue its inexorable climb.

"This study reflects the progression of large numbers of people from HIV infection to AIDS," said one of the new study's authors, Dr. George Lemp of the city Department of Health's AIDS Surveillance Branch. The other author is the department's Anne Hirozawa.

There are 3,618 people living with AIDS in The City. This number is expected to climb to a high of 4,018 by the end of 1997, further stressing The City's health-care system.

If the definition were expanded to include people whose immune systems are severely weakened but do not yet have AIDS, the number in The City would reach 9,703 by the end of this year — triple the level under the strict definition.

The study used a conservative definition from 1987. Since then, the recognition of HIV disease has expanded to include a wider spectrum of symptoms. Now, people diagnosed as HIV-positive enter the health-care system before they show any sign of immune system impairment. These people become a major part of the HIV treatment load because the latest thinking is that early intervention can stave off physical deterioration.

The new report calculates that the cumulative number of AIDS cases, including those already dead, will double from 12,583 today to more than 25,000 by the end of 1997.

The virus, with a roughly 10-year latency period, has become a medical time bomb.

Moreover, anti-viral treatments such as AZT, DDI and DDC are helping AIDS patients live longer than in the past. Although good news, this has further added to the caseload of needy patients.

Between 1980 and 1983, between 6,000 and 8,000 people a year were infected by HIV. The number of new infections with HIV is down considerably since then. It is estimated that 1,000 San Franciscans will become newly infected in 1992.

— S.F. Examiner

HIV Positives Prone to Mycobacteria Infections

Up to half of people infected with the AIDS virus also may be infected with tuberculosis, according to a study presented recently at the International Conference of the American Lung Association in Miami.

A second study presented at the meeting found one-third of tuberculosis cases at an inner-city hospital were resistant to drugs commonly used to combat mycobacterium tuberculosis.

Infection with HIV, greatly increases a person's chances of getting TB.

The researchers found that those patients infected with the AIDS virus had a 36% chance of developing active TB after exposure to another patient with infectious tuberculosis.

In the first new study, between 22% and 49% of 1,399 people infected with HIV tested positive for TB infection, compared with an estimated tuberculosis infection rate of 5% in the general population, according to Dr. Fred Gordin, director of the Community Programs for Clinical Research, a 17-center consortium.

In the second study, physicians at Bellevue Hospital in New York City, which serves mostly indigent patients, reported that one-third of tuberculosis strains isolated from 224 patients in the first half of 1991 were resistant to at least one or more of four commonly used tuberculosis fighting drugs.

Fighting TB-resistant strains can be extremely difficult.

Patients who do not complete treatment can develop drug-resistant tuberculosis and pass it on to other people.

— Medical Tribune

Largest Mobilization Against AIDS Planned

WASHINGTON, D.C. — The entire NAMES Project AIDS Memorial Quilt — comprised of more than 20,000 panels — will be displayed October 9-11, 1992, in Washington, D.C.

The display will take place in conjunction with the largest gathering of AIDS-related service organizations and volunteers, providing a unique forum for HIV/AIDS education and prevention, raising public awareness and revitalizing volunteerism.

The weekend activities are expected to attract 300,000 visitors, many from around the world.

"With special events, ceremonies and conferences scheduled throughout the weekend, attention will be focused as never before on the need for an immediate, continuing and compassionate response to AIDS," said Cleve Jones, founder of the NAMES Project Foundation, which is organizing the Quilt display.

"The Quilt in our nation's capital will stand as a powerful reminder that the AIDS pandemic continues unabated and will only be stopped when people commit to a unified effort to bring it to an end."

"The display is several weeks before critical U.S. elections, when the spotlight is on the President and members of Congress," said Jones. "This mobilization and the display of the entire AIDS Memorial Quilt in Washington, D.C., will ensure that AIDS is remembered as part and parcel of American and international agendas."

For more information call the NAMES Project, 2362 Market Street, San Francisco, California 94114, 415/863-5511.

— AIDS Weekly

Affirmations

Life Is Simple And Easy.

Congressional Report: New AIDS Definition Misses Many

United Press International

WASHINGTON — An expected revision in the government's definition of AIDS still would miss many cases, especially among women and other underrepresented groups, a congressional report said.

The Office of Technology Assessment said the new AIDS case definition will increase the number of cases in the United States by 52 percent and will improve surveillance of the epidemic, but would leave out many poor people who could have AIDS under the definition, but with no outward symptoms.

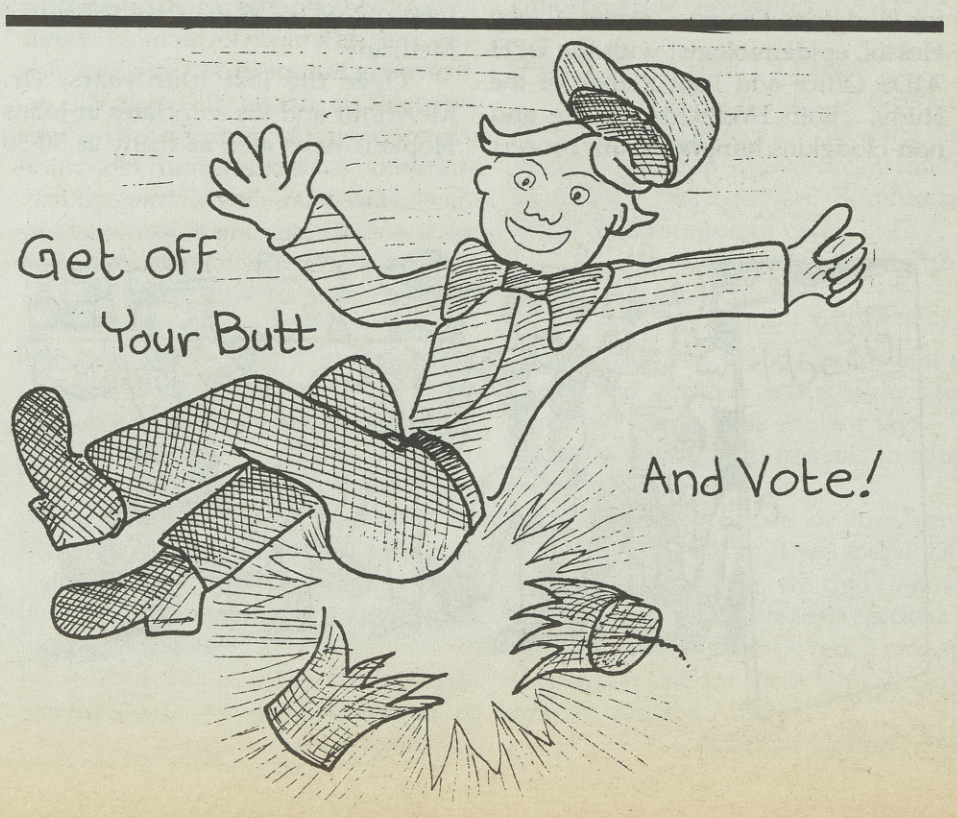
Poor persons, including HIV-positive women and intravenous drug abusers, may not have access to the testing required for AIDS to be diagnosed, the report said.

The Centers for Disease Control is expected to revise the current AIDS case definition so that an HIV-positive person is considered to have AIDS if his or her immune system is severely suppressed even if no symptoms of specific AIDS-related infections are present.

In addition to its impact on epidemic surveillance, the CDC's AIDS definition is used to determine eligibility for various government benefit programs and federal funding to state and local AIDS projects.

A total of 214,609 AIDS cases were recorded by the Centers for Disease Control through March 31, but nearly 800,000 more people are believed to be infected with HIV. The CDC estimated that 60 percent of those currently infected have severe immune system impairment.

— Bay Area Reporter



In The News

Management Of Patients Who Have HIV Infection

BALTIMORE — In the face of an AIDS epidemic that seems unmanageable, physicians can learn to manage the care of their individual patients with HIV infection, Dr. Anne M. Rompalo said at a clinical medicine program sponsored by the Johns Hopkins Medical Institutions.

The first thing that physicians need to learn about HIV-positive patients is how difficult their life becomes once they are pronounced seropositive. HIV-positive patients find the disease disrupts their personal lives, strains their finances, and drives away family and friends; on top of those formidable problems weighs their medical illness, said Dr. Rompalo, of the division of infectious diseases at Johns Hopkins.

Counseling is the first step to caring for an HIV-positive patient. Among the issues to be discussed is what the patient can expect from the illness at his or her individual stage of infection; issues of risk reduction should also be discussed early.

In addition, physicians need to discuss with patients whom they should tell about their infection; other physicians and dentists caring for the patient should be among the first told so that they may direct therapies appropriately. The patient should be advised to tell sexual partners, family, and friends soon thereafter, said Dr. Rompalo, who is also director of the Caroline Street Sexually Transmitted Disease Clinic, Baltimore.

Once counseling and support issues have been addressed, the physician should order appropriate lab work, including a CD4 count for staging; antiretroviral therapy is begun once the CD4 count goes below 500 cells/mm^3; the risk for opportunistic infections is increased significantly once the count goes below 200/mm^3, she said.

AZT remains the antiretroviral drug of choice. The minimal effective dose is 300 mg/day; the usual regimens are either 100 mg given five times daily or 200 mg given three times daily. AZT produces significant improvement in survival, weight, rates of opportunistic infection, CD4 counts, p24 antigen levels, and quantitative viremia. However, the drug has toxic effects; 1% of treated patients require transfusion for anemia, 2% develop leukopenia.

The Food and Drug Administration has approved the antiretroviral ddI as an alternative agent for patients who cannot tolerate or do not respond to AZT. A new trial is under way to evaluate a third antiretroviral, ddC, for patients who do not respond to AZT or ddI. Information on that trial is available by calling 1/800-332-2144.

Physicians can manage most opportunistic infections themselves. However, tumors should be referred to an oncologist.

Patients with CD4 counts between 250 and 500/mm^3 are prone to bacterial infections. Patients with counts between 150 and 250/mm^3 are subject to thrush, tuberculosis, and oral hairy leukoplakia. When CD4 counts drop below 200/mm^3 *Pneumocystis carinii* pneumonia, candida esophagitis, disseminated cytomegalovirus, and toxoplasmosis become common.

HIV-positive patients require immunization with purified protein derivative of tuberculin, Pneumovax, and influenza vaccines, Dr. Rompalo said.

— *Internal Medicine News*

Jackson

continued from page 3

severe were the cases of cervical dysplasia," reported Wofsy.

It was reported that African American women had a shorter survival and were less likely to have taken AZT. Individuals who participate in clinical trials tend to do better. Women and injection drug users appear to have more diagnoses of pneumonia, and in some instances HIV-related manifestations in women were more severe than those in men participating in the trials.

"It was clear that there is progress in the field of HIV therapy, although it was just as clear that there were no major breakthroughs in terms of new drugs that are going to be immediately available," stated Paul Volberding, M.D. He spoke of a handful of new antiviral drugs, such as d4T which is similar to AZT and ddC. It was noted that combination antiviral therapy, such as AZT with either ddC or ddI, proved to be more therapeutic and slowed the emergence of drug resistance. "There didn't seem to be any clear relationship between the development of drug resistance and the progression rate of HIV disease," emphasized Volberding.

The overwhelming theme voiced at the conference by all the speakers was condemnation of the federal government's response to AIDS, especially U.S. immigration policy towards people with HIV. The audience was reminded to take our anger and frustration at the Bush administration to the polling booths in November.

Other

continued from page 3

appears to be a relatively weak anti-viral by itself, but when used in combination with AZT can improve T-cell counts. ddI appears to be more active than AZT, however, its side effects of pancreatitis or neuropathy may continue even after the drug is stopped For the majority taking ddI, however, it appears to be beneficial. Similar ddC side effects appear to stop when the drug is stopped.

The only effective antivirals to date, AZT, ddI, and ddC, appear to attack the virus by inhibiting replication. More research is developing ways to attack the virus at critical stages of the disease process.

Herpes medication acyclovir still appears to improve AIDS survival, although the mechanism by which it does so is not completely understood.

Amsterdam has a high rate of drug use, but has a much lower infection rate than other European or American cities. Amsterdam has legalized needle exchange programs (turning in used needles and getting new ones), and offers critical face-to-face counseling to change addicts' behavior. Counseling is provided by addicts who teach fellow drug users about health risks. Information is written and distributed by addicts and financed by Amsterdam's Ministry of Health.

More emphasis is being placed on enhancing the number of CD8 cells, rather than concentrating on the CD4 T-helper cells. The genetic structure of the CD8 cells may be equally as critical in fighting the virus.

People with HIV may be more infectious during the first few months after exposure, and again at the time of the first symptoms of HIV disease many years later. Because most individuals may not know they have been exposed to the virus during the first few months, the virus can be spread more easily during this time.

AIDS CLINICAL TRIALS INFORMATION SERVICE

The AIDS Clinical Trials Information Service (ACTIS), sponsored by the U.S. Public Health Service, offers up-to-date information on federally and privately sponsored HIV/AIDS clinical trials and drugs used in the trials. to access the service call 1/800-TRIALS-A.

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In The News

Major Increase In Tuberculosis In U. S. And Europe

GENEVA — A grim combination of AIDS and poverty has led to an increase in tuberculosis (TB) cases in the United States and Europe since the mid-1980s, the World Health Organization (WHO) says.

The U.N. health agency says in a new report that more than 400,000 new cases of TB and 40,000 TB-related deaths occur every year in the Western world. Tuberculosis had been on the verge of being eliminated in the United States and Europe before the recent increase.

The bacterium that causes TB, which usually affects the lungs, thrives in poor housing and sanitation conditions. It is spread through their air by the cough of an infected person. People can carry the bacteria without becoming sick.

The WHO study says Acquired Immune Deficiency Syndrome is mainly responsible for the increase in TB cases in the United States. AIDS patients have weakened immune systems, so the TB bacterium is more likely to develop into the active disease.

— *Sentinel*

CDC Reports HIV-Negative Gay Men With KS

by Dave Gilden

The questions surrounding the nature of Kaposi's sarcoma continue to grow. In a recent cable television broadcast sponsored by the Physicians Association for AIDS Care, Centers for Disease Control expert Dr. Thomas Peterman describes finding some two dozen gay men across the country who have had Kaposi's sarcoma while remaining decidedly HIV negative.

KS, previously known as the most frequent AIDS associated condition, has occurred almost exclusively in gay men, avoiding most straight IV drug users and women with AIDS.

In the pre-AIDS era, KS appeared as a strange but innocuous condition among Africans and elderly East European and Mediterranean men. A few purplish lesions would appear on the skin, and that was it. Just 11 years ago the first report was published about five gay Los Angeles residents with a much more extensive and virulent form of Kaposi's. This was the beginning of the AIDS epidemic.

Although considered a form of cancer but a proliferation of nodules of tiny blood vessels caused by an excess of growth factors in the blood. Production of these cellular messengers may well be brought on by some kind of infection. The possibility that a sexually transmitted microbe is at work in this now serious occasionally life-threatening condition has been raised time and again since the start of the epidemic. And the decrease in KS during the past several years has been assigned to the rise of safe sex.

Conclusive or even highly suggestive, proof of a KS-STD connection has been lacking until now. But Peterman's group is highly suggestive. He insists that these gay men are definitely free of HIV, having tested consistently negative on all the usual HIV tests. The appearance of KS in the group was similar to traditional, pre-AIDS KS — one or two lesions that frequently go away and don't come back.

Peterman thinks an epidemic of the putative KS microbe struck the gay community a little before HIV did. Except for the immune-destroying AIDS epidemic, KS wouldn't have been noticed until people's immune system's naturally declined with age.

The CDC study provided "no good answers," in Peterman's words, as to why gay men should be singled out for KS. One recent published study claimed to find an association between KS and oral-anal sex, but Peterman says that he could find no such association. Neither has the San Francisco Health Department nor epidemiologists with the San Francisco Men's Health Study.

The fecal-oral contact theory — that KS is spread by such means as rimming or poor hygiene — attracts researchers because it seems to fit the disparate situations in which KS appears. Researchers' inability to definitively prove or disprove this mode of transmission shows how hard it is to nail down KS's origins. Peterman says it is going to take a lot of luck to find the microbe responsible if indeed there is one.

— *Bay Area Reporter*

NIH, CDC Begin Studies On Women And AIDS

Studies to determine why HIV-infected women seem to have less access to health care and are apt to experience ill effects from the virus more quickly than HIV-infected men do are under way.

Funded by the National Institutes of Health and the Centers for Disease Control, Atlanta, the project is being conducted at John Hopkins University School of Public Health, Baltimore; Brown University, Providence, R.I.; Montefiore Hospital, New York City; and Wayne State University, Detroit.

Johns Hopkins officials said they will follow 150 infected women through all phases of development of AIDS and 50 women without HIV.

The participants will be reviewed every six months.

The study was prompted by health care professionals and patients who were concerned that HIV-infected women with gynecological infections were not being diagnosed properly and were being denied services that are available to men.

"Researchers and clinicians are concerned that most studies are not designed to answer questions about the specific ways AIDS affects women," said Liza Solomon, a research associate in epidemiology at Johns Hopkins and the school's principal investigator for the study.

— *American Hospital Assoc. News*

Highlights

continued from page 1

➤ Needle and syringe exchange continues to show good results in helping to slow spread among IDU, when coupled with better drug treatment availability. Needle exchange is needed in California, but Governor Wilson will probably veto the Assembly and Senate bills that would permit legal pilot projects in California. Sacramento may have to consider illegal needle exchange in a confrontation with Sacramento City Police and County Sheriffs, because the rate of spread of HIV among methamphetamine (crank) users has recently become alarming — 8-10% of street crank users have the virus in UCD's most recent street outreach testing project. Cranksters are 6-10 times as likely to get the virus as heroin users because of differences in sharing and cleaning needles and syringes. The studies in Amsterdam confirmed that when IDU get the virus, then heterosexuals and their infants get the virus. Will they (the conservative politicians and the heterosexuals) wake up in time? Tune in in 2 years — we'll have the answer.

Treatment Of HIV

➤ Combination treatment appears to be better than single drug treatment. The virus has a more difficult time developing resistance.

➤ Zidovudine plus ddC are an effective, relatively low-toxicity combination. ddC appears to add to the effectiveness of Z in people with fewer than 300 CD4 cells. Studies are underway for people with higher CD4 counts and will be reported next year in Berlin.

➤ Resistance develops rapidly to the TIBO compounds, so their usefulness is in question. However, they may be useful in combination with other antiretrovirals. Studies are in progress.

➤ Immunization with gp-160 and gp-120 *after* infection with HIV may help the body's immune system to recognize and fight HIV. Dr. Redfield's group has some encouraging data showing slowing of CD4 cell loss and delayed opportunistic infection in people with CD4 in the 300-400 and greater range.

Opportunistic Infection And Malignancy

➤ PCP prevention — Best regimen is trimeth-sulfa (Bactrim, Septra), dapsone alone may be inadequate, so inhaled pentam will probably be making a comeback in combination with dapsone.

➤ PCP treatment — Prednisone helps people with even mild PCP get well faster and shows no problems with additional immune suppression when it is used. We will begin treating all people with active PCP with a short course of prednisone in order to shorten the disease and the length of hospitalization.

➤ PCP treatment — Clindamycin plus primaquine appears to be almost as good as trimeth-sulfa for treatment of PCP.

➤ Toxoplasmosis of the brain — PCP prevention with trimeth-sulfa or dapsone appears to prevent 60-80% of toxo brain infection in people with a positive toxo antibody titer in their blood. People with negative toxo antibody titer rarely get toxo brain abscess.

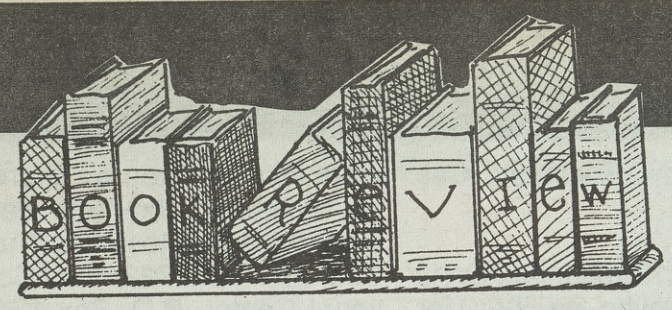
➤ *Candida* esophagitis, cryptococcal meningitis (fungus infections in AIDS) — Preventable with either oral ketoconazole 200-400 mg/day or fluconazole 100 mg daily or every other day. Fluconazole is expensive and ketoconazole can produce impotence (*nasty* side-effect) The impotence can be treated with testosterone injections every other week if necessary (what do you mean *if* necessary!)

➤ TB — PWHIV with positive PPD skin test history should probably take INH prophylaxis for life, not just one year.

➤ CMV retinitis — High dose acyclovir orally does not prevent CMV disease, but people taking high dose (400 mg/day) acyclovir developed fewer than ½ the number of *other* opportunistic infections, in a British study. Figure that one out if you can. Foscarnet is very active against CMV, but costs of $20-30,000 per year, vs. $5-7,000 per year for gancyclovir. However, people treated with foscarnet developed fewer new OI and lived longer. So why does it cost so much?

➤ KS — Liposomal doxorubicin looks very good. Still investigational, however.

Book Review



Magic's Book . . . Pro!

by Todd Cronkhite

When I sat down to review Magic Johnson's book on *What You Can Do To Avoid Getting AIDS*, I felt a bit more defensive than curious. After all, it's not as if AIDS suddenly appeared the day Magic announced his news on national television, and I've watched friends and loved ones succumb to this terrible disease over the past several years who never had their names mentioned on TV.

So what was it about Magic Johnson that would give him the clout to discuss the AIDS virus, even though he's a relative newcomer to the issue? I was compelled by curiosity to find out more. By the time I'd finished reading the book's introduction, he'd won me over. I realized Magic had done his homework, and his lack of expertise in the field was no longer a concern.

The book contains up-to-the-minute information that gets right to the heart of the issue: that AIDS can be stopped by only one thing — educating yourself on how it's transmitted, and then putting into practice what you've learned — every time, with every partner.

Everyone who has sex — or who is considering having sex — should read this book. Everyone who has unprotected intercourse and whose behaviors include the sharing of semen or blood — even in small amounts — is taking an unnecessary risk. AIDS is not transmitted by perspiring on someone. All these messages are presented to the reader in a simple format, in large type.

It's an easy read — well written, in understandable language that proved to be "shocking" enough to K-Mart and Walmart Stores that they decided not to carry it. The book gets the message out — at a price ($3.95) that's affordable to everyone. It's available at Tower Books, which is usually so crowded with customers that it can easily be picked up without embarrassing those among us who get embarrassed by that sort of thing.

Magic talks about "safer sex" (the only TOTALLY SAFE sex includes activities that do not involve penetration). He talks about the viral content of saliva and tears, and the fact that this is not — and never has been — a "gay" disease.

His target audience is a younger, but no less sexually active crowd — those of high school age and below. It's written for the 10-25 percent of teens and pre-teens who are gay, as well as for the 75-90 percent who are heterosexual — and becoming sexually active. These kids are in many cases NOT getting the information they need from their teachers or their parents. But they can get it from Magic, and — best of all — they will probably pay attention to what he says!

People of all ages look up to Magic — they're inspired by his athletic prowess, his sportsmanship, and his love of life. His announcement that he had the virus stunned thousands of adults and students alike, many of whom feel they now "know" someone with the virus. If his victory with the "dream team" at the Barcelona Olympics will sell more books, and if his recent announcement that he may soon resign from the National AIDS task force because the Bush Administration continues to provide inadequate funding to stop this disease in this country will sell more books, maybe a few more lives will be saved.

The book is direct, concise, and — my personal favorite — repetitive — so just leafing through it, as opposed to reading it from cover to cover, still gets out the message that if you have sex, you MUST play it safe — that you don't get HIV because of who you are, but because of what you do.

The gay community has been saying that for many years — and current transmission among the gay community is down because of massive educational efforts. But, the straight community has not been listening, and now they are succumbing in massive numbers.

Three cheers to Tower Books for not minding a little controversy. Stop in there soon and get this book. Give it out for birthday presents. Give it out for graduation gifts or Christmas gifts for youngsters in your family. Give it to adults you know and ask them to pass it along to their children. It's educational and enlightening all at once. It may stop someone you know from getting the virus.

Movie Version of Randy Shilts' Book In Pre-Production

HBO Pictures has announced that it will produce a movie based on *And The Band Played On*, by Randy Shilts, with filming to begin this fall. Filming of the movie version of the best-selling book about the early years of the AIDS epidemic will take place in San Francisco and Atlanta beginning in October.

Filming in Atlanta is expected to focus on the U.S. Centers for Disease Control.

"We are proud to be telling this true tale of the few heroic voices who stood out in a sea of indifference and political posturing," said Robert Cooper, HBO Pictures senior vice president.

Roger Spottiswoode *(Under Fire, Shoot To Kill)* will direct, and casting is under way.

— AIDS Weekly

Rural

continued from page 1

HIV infection, does not keep statistics on specific rural areas, but has found that the number of reported AIDS cases is growing fastest in the South, one of the nation's most rural regions.

It also has found that smaller cities and non-metropolitan areas are experiencing the greatest growth. The annual rate of AIDS cases per 100,000 population rose by only 2.4 percent in urban centers of 500,000 or more between 1990 and 1991, yet it skyrocketed by 13.4 percent in cities of 50,000 to 500,000 people and climbed dramatically in non-metro areas (50,000 or less) by 11.3 percent.

High Risk Behavior

While the migration home of AIDS-infected people accounts for some of the spread of AIDS in less-populated areas, high-risk behaviors (unsafe sex and intravenous drug use) among rural residents are also factors.

Dr. Paul C. White Jr., director of the Rural HIV Clinic in Albany, Ga., thinks much of it has to do with what he calls the "triple epidemic" — crack cocaine, sexually transmitted diseases and AIDS. "You can always tell when crack hits a community by the higher degree of syphilis cases," he contends. "One thing that predisposes someone to AIDS is lesions on their genitalia."

While urban physicians now automatically think to test high-risk individuals for HIV, most rural physicians are only beginning to think about AIDS — if at all.

Experts don't blame rural doctors entirely for their lack of awareness. The number of AIDS cases in non-urban regions, although climbing, is still miniscule compared to that in metropolitan areas. Most rural physicians simply have not had much contact with it.

Unfortunately, this lack of exposure and preparedness can have tragic consequences. Many country physicians, say experts, are tempted to send patients away to metropolitan areas for treatment — a move not only costly and sometimes physically stressful for the patient, but usually not necessary if a physician understands the disease.

Even worse, experts contend, some doctors may be turning away HIV-infected patients. Much of it may be their own fear of AIDS and its uncomfortable implications. AIDS does not play particularly well in the Bible Belt, linked as it is to homosexuality and I.V. drug use, says Dr. White. This is often compounded by how expensive and time-consuming treatment can be.

Compounding these problems, according to Kim Sibilsky, deputy director of policy and programs for the National Rural Health Association, is the lack of medical facilities and access to appropriate treatment that characterizes healthcare in many rural communities.

One hope is physician education. A few AIDS training programs are beginning to spring up across the country. The Rural AIDS Network in Santa Fe, N.M., is studying ways to best educate rural healthcare providers about the disease.

For information about programs, including mini-residencies, available in Northern California, contact the Sacramento Area AIDS E.T.C. Project Coordinator Sheila Enders at 916/734-3365.

Probably the most extensive program is the Public Health Service's E.T.C. program, which offers training to doctors in all 50 states. Two of them — one at Ohio State University and one in Wyoming where Ms. Carpenter works — devote much of their energies to reaching physicians in the most underserved rural communities.

Training sessions last anywhere from one hour to two full weeks, says Ms. Milon, and are either held in a central spot or at individual doctors' offices. Many country doctors, she observes, are the only physician for hundreds of miles and often can't close their practices for even a day to attend a session.

Although programs like these are encouraging, says Ms. Carpenter, there is still much to do. She recalls another Wyoming woman who also recently died of AIDS complications after receiving contaminated blood in 1984. The woman, sensing she might have AIDS, asked her doctor to test her for HIV, but he dismissed her concerns. "She practically had to twist his arm to test her," says Ms. Carpenter. But by then it was too late for any life-extending treatment.

— Physicians Financial News

Personals

PHONE FRIENDS wanted. Call 929-7095.

GBM 31, 5'10", 135 pounds, HIV(+) seeking friends who are HIV(+) for relationship, any race, 30 to 45 years old. Someone to share life with. Calvin 447-4209.

BLACK COWBOY wanted by hot Latino Lover. I'm 37, 5'6", 135, HIV+ and seek GBM 35-45 for serious relationship. Call David 916/484-4244.

PWA inmate interested in hearing from others, PWA prisoners, about their needs as an incarcerated P.W.A. How are the conditions were you are? Can we share ideals of interest about the way the system is trying to kill us. Thomas S. Sherrill #132722, Hunt Correctional Center, P.O. Box 174-Fox I,C St. Gabriel, LA 70776.

DO YOU want to meet a "good" man? Call 332-2021, before 10 p.m.

Ads encouraging unsafe sex practices, drugs and drinking, or those containing information deemed by the Editors to be of a derogatory or discriminatory nature in terms of race, HIV status, or other similar issues, will be rejected.

Free Personals Next Issue!

Please print ad as follows:

_____

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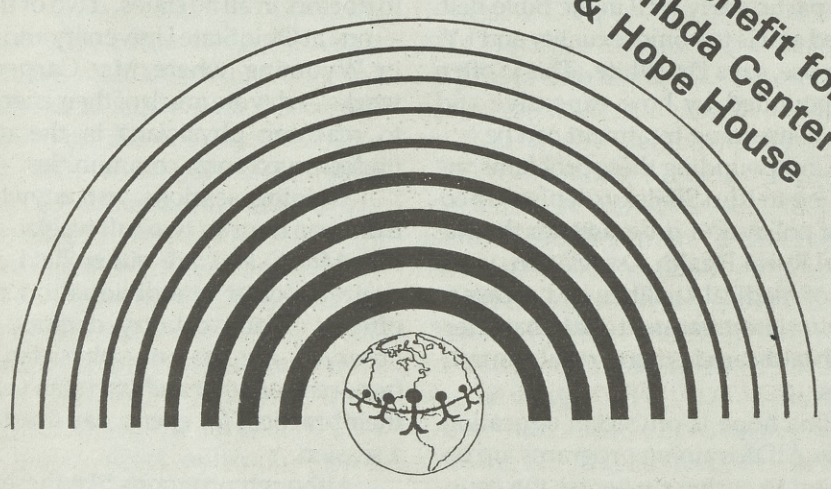
Signature

SEND TO: PSSN Personals
LAMBDA Community Center
Box 163654
Sacramento, CA 95816



1992 Sept. 2-7

Rainbow Festival

SUNDAY RAINBOW FESTIVAL

BETWEEN J & L ON 20TH STREET, SACRAMENTO

STREET FAIR 10:00 TO 6:00

VOLLEYBALL, CRAFTS, FOOD & GAMES

PSSN Outlets

Albertson's - Truxel Road
The Beat Records
Bel Air Market - South Natomas
C.A.R.E.S. Clinic
County Jail - 6th & I Sts.
Espresso Metro - 11th & K
Espresso Metro - 11th Ave & Freeport
Faces
Fox & Goose
Greta's Cafe
Incredible Edible
Java City - Arden Fair
Java City - 18th & Capitol
Java City _ Galleria
Java City - Loehman's Plaza
Java City - Natomas
Java City - Northgate
Judy's Books
LAMBDA Community Center
Lioness Books
Mercantile House
New Helvetia Coffee Co.
Newsbeat - L Street
Newsbeat - Davis
North Hall AA Group
Our Place - North Sacramento
River City MCC Social Hall
Sacramento AIDS Foundation
Sacto. Natural Foods Co-Op
Safeway - Howe Avenue
Tower Books - Broadway
Tower Books - Florin & 99 Fwy.
Tower Books - Sunrise Mall
Tower Books - Watt Avenue
Town House
UCDMC A.R.D. Clinic
Western
Wreck Room
Placer AIDS Foundation (by mail)
Vacaville Book Co. (by request)

LAMBDA COMMUNITY CENTER

20th & L Streets

Serving the gay and lesbian community since 1986

CENTER PROGRAMS

COMING OUT/MEN
Mondays 5:30-7:00 pm, at the Center, 1931 L St., Sacramento. Support group viewing "Coming Out" as a life-long process.

COMING OUT/WOMEN
Thursdays 6:00-7:30 pm, at the Center. Lesbian support group viewing "Coming Out" as a life-long process. Childcare available.

WOMEN'S RAP GROUP
Mondays 7-9 pm at the Center. Social support group for lesbians with weekly topics and a monthly potluck.

BEING ALIVE LIVING ROOM
Thursdays 2-5 pm at the Center. Drop-in social time for PWAs or HIV+ persons.

YOUTH RAP GROUP
Fridays 5:45 pm at the Center, Social support group for gay, lesbian, or bisexual youth under 21.

COMMUNITY OUTREACH AIDS RESPONSE PROGRAMS
Wed., Fri., Sat., Sun., times vary, so give us a call if you would like to join us!

It's Easy for You to Help!
Donations can be deducted from your payroll and designated for the LAMBDA Fund. Volunteers are needed for phones and outreach.

442-0185